

Transmittal Letter

June 8, 2016

Suzanne Fross, Issuing Officer
Iowa Department of Human Services
1305 E Walnut Street, 5th Floor
Des Moines, Iowa 50319

RE: CCBHC RFP MHDS 16-020

Dear Ms. Fross:

This letter is sent to you with our full application for the MHDS 16-020 Certified Community Behavioral Health Clinics. Thank you for the opportunity to apply for this demonstration project.

Executive Summary:

Abbe Center for Community Mental Health is accredited through 441 Iowa Admin. Code Ch 24 as a CMHC, and is in the process of applying for Licensure under 641 Iowa Admin. Code Ch 155 as an Outpatient Substance Use Provider. Abbe Center has a long established history of working collaboratively with community partners to improve and enhance the services in our community. We believe the development of Certified Community Behavioral Health Clinics will raise services to an even higher level. Abbe Center has invested in developing many Evidenced Based Practices including Assertive Community Treatment, Intensive Psychiatric Rehabilitation, Trauma Focus therapies and others that are required in this RFP. Rather than duplicate existing services in our community, Abbe Center has also partnered with area agencies to co-locate mental health and substance use services, access 24 mobile crisis and community crisis stabilization services. Abbe Center has long standing relationships with area hospitals to assist individuals in their transition to the community after a hospitalization. Our most recent collaboration with Eastern Iowa Health Care (FQHC) brought a new level of integration of health and wellness for individuals with serious mental illness. A stronger working relationship will be developed with area veteran's services. We believe these partnerships will provide the basis for the development of the CCBHC.

As an Integrated Health Home, Abbe Center has embraced the whole-health philosophy throughout the organization and is committed to assisting individuals we serve to improving overall health, addressing social determinants of health and focusing on population health management.

Again, thank you for the opportunity to apply for this demonstration project. We look forward to hearing from you.

Sincerely,

Kathy Johnson, LMSW, CADC
Executive Director

Certified Community Behavioral Health Clinics

MHDS 16-020

Abbe Center for Community Mental Health

Technical Proposal

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Attachment A: Release of Information
(Return this completed form behind Tab 3 of the Bid Proposal.)

Abbe Center for Community Mental Health (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Abbe Center for Community Mental Health
Printed Name of Bidder Organization

Kathy Johnson
Signature of Authorized Representative

6-8-16
Date

Kathy Johnson
Printed Name

Attachment B: Primary Bidder Detail Form & Certification

(Return this completed form behind Tab 3 of the Proposal. If a section does not apply, label it "not applicable".)

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Kathy Johnson
Address:	520 11 th St NW Cedar Rapids, IA 52405
Tel:	319-398-3562
Fax:	319-398-3501
E-mail:	kjohnson@abbehealth.org

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Abbe Center for Community Mental Health, Inc.
"Doing Business As" names, assumed names, or other operating names:	NA
Parent Corporation, if any:	Abbe Inc
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	501c3 not-for-profit corporation
State of Incorporation/organization:	Iowa
Primary Address:	520 11 th St NW Cedar Rapids, IA 52405
Tel:	319-398-3562
Fax:	319-398-3501
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	200
Number of Years in Business:	66
Primary Focus of Business:	Community Mental Health Treatment
Federal Tax ID:	421045257
Bidder's Accounting Firm:	Clifton Larsen Allen
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	January 23, 1975 as Abbe Center for CMH (originally established as the Linn County Psychiatric Clinic)
Do you plan on using subcontractors if awarded this Contract? (If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.)	YES

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	Statutory Basis for Confidentiality	Description/Explanation
NA		

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted
NA			

BID PROPOSAL CERTIFICATION

By signing below, Bidder certifies that:

1. Bidder accepts and will comply with all Contract Terms and Conditions contained in the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification.
2. Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein.
3. Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;
4. No cost or pricing information has been included in the Bidder's Technical Proposal;
5. Bidder has received any amendments to this RFP issued by the Agency;
6. Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;
7. The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive agreements outlined above;
8. Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal;
9. Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
10. Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract.
11. Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier; and,
12. Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	<i>Kathy Johnson</i>
Printed Name/Title:	Kathy Johnson, VP/Executive Director
Date:	6-8-16

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Abbe Center for Community Mental Health
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Foundation 2
Address:	1714 Johnson Ave Cedar Rapids, IA 52405
Tel:	319-362-1170
Fax:	
E-mail:	Eblomme@foundation2.org

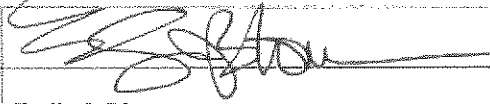
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Foundation 2, Inc.
"Doing Business As" names, assumed names, or other operating names:	Foundation 2
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	501c3
State of Incorporation/organization:	Iowa
Primary Address:	1714 Johnson Ave, NW Cedar Rapids, IA 52405
Tel:	319-362-1170
Fax:	319-297-7406
Local Address (if any):	1714 Johnson Ave, NW Cedar Rapids, IA 52405
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	1500 2 nd Ave SE, Suite 201 Cedar Rapids, IA 52403 1540 2 nd Ave SE, Cedar Rapids, IA 52403 1560 2 nd Ave SE, Cedar Rapids, IA 52403
Number of Employees:	78
Number of Years in Business:	45
Primary Focus of Business:	Crisis Services
Federal Tax ID:	42-1078444
Subcontractor's Accounting Firm:	TD&T
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	5/31/1977
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	TBD
General Scope of Work to be performed by this Subcontractor	
DCO for the provision of Crisis Services – Mobile Crisis	
Detail the Subcontractor's qualifications for performing this scope of work	
All crisis services provided by Foundation 2 meet current state expectations. Foundation 2 is accredited by the American Association of Suicidology.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Emily J. Blomme
Date:	6/2/2016

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Abbe Center for Community Mental Health
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Area Substance Abuse Council
Address:	3601 16 th Ave SW Cedar Rapids, IA 52404
Tel:	319-390-4611
Fax:	319-390-4381
E-mail:	bgay@asac.us

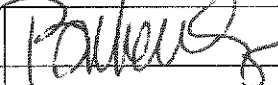
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Area Substance Abuse Council, Inc.
"Doing Business As" names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Nonprofit
State of Incorporation/organization:	Iowa
Primary Address:	3601 16 th Ave SW Cedar Rapids, Iowa 52404
Tel:	319-390-4611
Fax:	319-390-4381
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	194
Number of Years in Business:	38
Primary Focus of Business:	Substance abuse treatment and prevention
Federal Tax ID:	42-1114396
Subcontractor's Accounting Firm:	Self
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	October 1978
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	TBD
General Scope of Work to be performed by this Subcontractor	
DCO for provision of SU Case Management, Peer Recovery Coach, and MAT services	
Detail the Subcontractor's qualifications for performing this scope of work	
Licensed by IDPH as substance abuse treatment provider	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Barbara Gay
Date:	June 2, 2016

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Abbe Center for Community Mental Health
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Penn Center Inc
Address:	317 7 th Avenue SE, Suite 304, Cedar Rapids, IA 52401
Tel:	319-294-5236
Fax:	319-294-5237
E-mail:	DBrecht@abbehealth.org

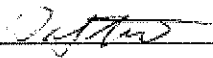
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Penn Center, Inc.
"Doing Business As" names, assumed names, or other operating names:	n/a
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	Corporation, Non-profit
State of Incorporation/organization:	Iowa
Primary Address:	Same as above
Tel:	
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	160
Number of Years in Business:	22
Primary Focus of Business:	Residential treatment of individuals with a mental illness
Federal Tax ID:	42-1421803
Subcontractor's Accounting Firm:	Audited by Clifton, Larson, Allen
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	5/13/1994 – date of incorporation
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	
General Scope of Work to be performed by this Subcontractor	
DCO for provision of Crisis Stabilization services	
Detail the Subcontractor's qualifications for performing this scope of work	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Dan Strellner, President
Date:	6/6/16

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind Tab 3 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)

Primary Bidder ("Primary Bidder"):	Abbe Center for Community Mental Health
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	Four Oaks Family and Children Services
Address:	5400 Kirkwood Blvd SW Cedar Rapids, IA 52404
Tel:	319-364-0259
Fax:	1-866-290-5565
E-mail:	Agruenewald@fouroaks.org

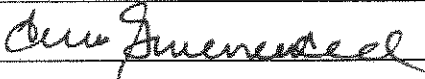
Subcontractor Detail	
Subcontractor Legal Name ("Subcontractor"):	Four Oaks Family and Children Services
"Doing Business As" names, assumed names, or other operating names:	Four Oaks
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	501(c)(3)
State of Incorporation/organization:	Iowa
Primary Address:	5400 Kirkwood Blvd SW Cedar Rapids, IA 52404
Tel:	319-364-0259
Fax:	1-866-290-5565
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	5400 Kirkwood Blvd SW Cedar Rapids, IA 52404
Number of Employees:	891
Number of Years in Business:	45
Primary Focus of Business:	Child Welfare
Federal Tax ID:	42-0998726
Subcontractor's Accounting Firm:	RSM US LLP
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	October 8, 1971
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	TBD
General Scope of Work to be performed by this Subcontractor	
DCO for provision of Pediatric Integrated Health Home services – care coordination	
Detail the Subcontractor's qualifications for performing this scope of work	
Four Oaks is trained, staffed, experienced and currently operates Pediatric Integrated Health Homes services in Abbe's proposed CCBHC plan.	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	Anne Gruenewald, President & CEO
Date:	6/8/16

1.3 Scope of Work.

The Contractor shall operate the CCBHC as described by SAMHSA in the Clinic Criteria, as required by the Scope of Work, and the Agency's Certification Process. The Clinic Criteria and Agency's Certification Process is located in the bidder's library

1.3.1 Deliverables, Performance Measures, and Monitoring Activities The Contractor shall provide the following:

1.3.1.1 Staffing and Needs Assessment: The Contractor shall meet all staffing requirements outlined in sections 1.A through 1.D of the Clinic Criteria.

Criteria 1.A: General Staffing Requirements:

- **1.a.1** – The Abbe Center is aware of the state's process leading to certification as a CCBHC, and that the process includes an assessment of needs of the target population and a staffing plan. Following a CCBHC Certification, the Abbe Center will update this Needs Assessment (which would include cultural, linguistic and treatment needs) and the Staffing Plan. This process will include giving consumers and family members an opportunity for input. The Abbe Center already holds Consumer and Family Focus Groups as a method of gathering input, and would plan to continue this as a CCBHC. Efforts would be made to gather information specifically about the cultural, linguistic and treatment needs of those served, including information about service gaps. The Needs Assessment and Staffing Plan will be updated as required by the state.
- **1.a.2** – Current staff at the Abbe Center includes **133 full and part time staff** that provide the range of Outpatient, Community Based and Outreach services in Linn County. Abbe Center is applying for a CCBHC certification for our office in Linn County. Current staff specifically in Linn County include:
 - 11 staff providing Medication Management (5 FTE's of Psychiatry, ARNP,PA)
 - 15 staff providing Individual, Group, Family Therapy (10 FTE's)
 - 12 staff providing Assertive Community Treatment
 - 29 staff providing IHH (Integrated Health Home)
 - 11 staff providing Community Support Services
 - 4 staff providing Home Based Nursing
 - 8 staff providing Home based Habilitation
 - 15 staff providing Peer Support, IPR, Club 520 Wellness Center, Warm Line
 - 3 staff providing Intake/Screening
 - 7 staff providing Nursing Supports (BSN, RN, LPN and CMA)
 - 13 staff providing Support Services (reception, transcription, medical records)
 - 5 staff providing Billing

Abbe Center has obtained a copy of the Veterans Health Administration clinical guidelines found in the Uniform Mental Health Services Handbook (VHA Handbook 1160.01). Efforts will be made to staff consistently with those guidelines.

The Abbe Center believes that the current staff composition, with the additional staff identified in our Staffing Plan, will be appropriate for serving the consumer population for the services that are required under the CCBHC scope of services.

- 1.a.3 – The Abbe Center’s current structure includes a full time **Executive Director**. In addition, the **Management Team** in Linn County includes:
 - 2 Associate Executive Directors
 - 1 on site Medical Director
 - 7 Directors:
 - Director of Outpatient Services
 - Director of Information Management
 - Director of Support Services
 - Director of Quality Improvement/ IHH
 - Director of Recovery Services
 - Director of Billing Services
 - Director of Special Projects
 - Assistant Director of IHH
 - 9 Team Leaders:
 - Outpatient Therapy – School Based Team Leader
 - Outpatient Therapy Team Leader
 - Access & Registration Team Leader
 - Nursing Support Team Leader
 - IHH Team Leader
 - Community Support Team Leader
 - Assertive Community Treatment Team Leader
 - Home Based HAB Team Leader
 - IPR/Peer Support/Homeless Outreach Team Leader

The role of the **Medical Director** is to ensure that the medical component of care, and the integration of behavioral health and primary care is facilitated. The Abbe Center Medical Director (30 years of experience as a Medical Director in both MH and Substance Abuse settings) has been very involved with the current efforts to provide integrated care. He participated in technical assistance events when the IHH program was first implemented, specifically around work flows and processes to ensure communication between the Primary Care providers and Abbe staff. Abbe Center had a 5 years collaboration with the Eastern Iowa Health Center, during which time one of their Primary Care Practitioners was located on site within the Mental Health Center. This has been a great learning opportunity in providing joint decision making, sharing access to electronic health records, and developing “Care Compacts” (shared work flows) between our agencies.

- 1.a.4 – The Abbe Center currently carries Liability/Malpractice Insurance adequate for the staffing and scope of services provided (1 mill/3 mill).

Criteria 1.B: Licensure and Credentialing of Providers

- 1.b.1 - Prior to hire, the Abbe Center has processes in place to conduct background checks and to verify licenses, certifications and other credentialing of potential staff members. Once hired, the Abbe Center also has designated staff that monitor that on-going credentialing requirements are maintained. For any staff member that is under a temporary or a non-independent license and is working towards full licensure, the Abbe Center has designated staff to provide that supervision. This supervision is in accordance with applicable state law and licensing boards, as well as requirements under state Medicaid billing regulations and

policies. Abbe Center understands that this responsibility will include providers that furnish services under an arrangement with us, (Designated Collaborating Organizations -DCO's) as required in the Protecting Access to Medicare Act of 2014 (PAMA).

- **1.b.2 –** Current Abbe staffing meets the requirements of the IAC Accreditation standards in Chapters 441 Ch. 24 and Abbe is submitting an application for licensure under 641 IAC Ch. 155. The Abbe Center employs staff with a variety of expertise, both clinical and Peer staff, in order to meet the complex needs of our target population. Credentials of current staff include MD, DO, ARNP, PA, PhD, LISW, LMSW, LMHC, T-LMHC, LMFT, CADC, BSN, RN, LPN, CMA, BSW, BA, and PSS (Peer Support Specialist). After the selection process, the state will complete a Needs Assessment and complete a Staffing Plan. If selected, the Abbe Center will expand the staff to meet the needs identified in the Staffing Plan.

Abbe Center currently has a **Medical Director** that has indicated a willingness to take the training courses to get certified in Medication Assisted Treatment (MAT) and to apply for the required waiver. This would provide us with the means of expanding the type of medications prescribed to include buprenorphine or other medications to treat opioid and alcohol use disorders.

The Abbe Center does have staff currently employed who are credentialed and have experience as a **substance abuse specialists**. Five employees currently hold a CADC certification and many others have experience working with individuals with substance use issues. The Abbe Center has offered focused internal training for our staff on related topics such as Trauma Informed Care, ACES, Motivational Interviewing, Motivational Enhancement Therapy, etc. The intent of this training is increase the skills of our staff in working with individuals with multi-complex needs.

In preparation of becoming certified as a CCBHC, Abbe Center has used funds from the CMH Block grant, to provide on-line training opportunities to our staff. Since October 1, 2016, Abbe staff have completed 1,740 courses, with 561 of these courses related to Addictions. Relias has partnered with the National Council to offer agencies the opportunity to earn "**Certificates of Excellence**" that correspond with the training expected for CCBHC's. To date Abbe staff have completed 154 Certificates, 38 of these Certificates have been in Foundational Knowledge of Addictions. In the past 9 months, 123 Abbe staff who work with individuals meeting the criteria of SED or SMI, have utilized Relias training to work on Certificates of Excellence in preparation of becoming a CCBHC.

Abbe Center employs staff that specialize in working with the **geriatric** population. We have 2 Psychiatrists that currently provide mental health services specifically in nursing homes to those that are unable to travel to an office site. We are a provider of Mental Health Outreach under the Elderly Waiver and have Nurses that conduct in home services for older adults. Abbe has a commitment to working with individuals across the lifespan, from childhood through the older adult years.

The Abbe Center offers specialized services to **Children**. For the past 15 years, Abbe Center has partnered with the Cedar Rapids School District to offer school based mental health services. Staff have also received specialized training in best practice models such as Parent Child Interactive Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

and Play Therapy. Abbe Center has 1 therapist that is certified as a Registered Play Therapy supervisor.

Abbe Center has a long history of providing **Case Management** services and has a strong knowledge base on addressing the social determinants of health. Abbe has been providing case management through Targeted Case Management or Integrated Health Home since 1990.

Abbe Center works with Families in a variety of ways. In our outpatient services, Abbe offers family therapy as appropriate for the family unit. In addition, Abbe offers a support group to Families which are supporting a loved one with a serious mental illness. This support group is free of charge. The format of this support group has varied depending on the desire of the attendees. In the past, Abbe has offered a **Family Psychoeducational** service to families and are familiar with this evidenced based practice model (offered through a community reinvestment project grant with Magellan).

The Abbe Center employs a range of **nursing staff**, including BSN, RN, LPN and CMA's. The nurses provide support to our Psychiatrists as well as providing direct services to clients. Prior to doctor appointments, the nursing staff meet with the client to take vitals (height, weight, BMI, and Blood Pressure) and to take an interval history to report to the doctor. During this time there is a screening to ensure that the client has established care with a Primary Care Practitioner, and screening for substance use including tobacco, alcohol and other drugs. Health education, resources and referrals are offered as appropriate. In addition, Abbe nurses provide injections for individuals that are on long acting injectable antipsychotics either on-site or in the home setting.

The Abbe Center regularly uses **Telehealth** to serve both children and adults, and has staff trained in this technology. Telehealth has been an excellent way to supplement our staff and to reduce barriers with workforce shortages.

As a certified CCBHC, the Abbe Center would supplement the existing core staff with the use of DCO's and by arrangements and referrals to other providers in the community. With an agreed upon Staffing Plan, the Abbe Center would plan to expand staff to address any gaps identified in the state's Needs Assessment.

Criteria 1.C: Cultural Competencies and Other Training

1.c.1 – The Abbe Center has a rigorous orientation program upon hire for all staff within the agency. Abbe currently provides training at orientation for Cultural Competence, Recovery orientation, and Person-Centered planning. Training after orientation already includes Trauma Informed Care, ACES and the Integration of health and wellness services. However, as a CCBHC, we would expand our Training Plan during orientation and as on-going training to add more focus on:

- Person-centered and Family-centered planning
- Implementing Trauma Informed Care principles in workflow and environment (One Abbe staff member completed a "Train the Trainer" in Trauma Informed Care in May 2016 through the International Trauma Center (ITC)". This will allow us to enhance our internal training curriculum).

- Implementing a Recovery focused approach and Understanding the roles of Peers and Families
- Understanding the Military Culture to better work with Veterans (One staff recently became certified in the Veterans module of Mental Health First Aid so that we could offer this to our staff)
- Conducting Suicide Risk Assessments, Suicide Prevention and Suicide Response (Abbe has offered Mental Health First Aid to all staff, and recently sent 5 staff member to specialized ASIST training – Applied Suicide Intervention Skills Training. Ten more Abbe staff will receive ASIST training in June).

In addition, Abbe Center intends to continue to make on-line courses available for staff to take through Relias Learning. Relias, through a partnership with the National Council has organized curriculum for staff to earn Certificates of Excellence that correspond to the CCBHC expectations. As noted above, current staff have completed 1,740 course and earned 154 Certificates in anticipation of becoming certified as a CCBHC. This coursework includes Treatment Engagement, A Culture-Centered Approach to Recovery, Cultural Issues in Mental Health, Suicide Assessment and Treatment, and many other excellent courses. The Abbe Center will also utilize the materials available on the US Dept. of Health & Human Services website and the Office of Minority Health.

1.c.2 – The Abbe Center conducts regularly scheduled performance reviews on all staff and has written policies and procedures established. As part of this review, the skills and competencies of each staff member are assessed and a continuing Staff Development Plan is developed. Any identified performance issues are addressed through a Performance Improvement Plan. As a CCBHC, the Abbe Center would plan to enhance this process by expanding the supervisor's assessment to include new skills and competencies demonstrated by each staff member. With a growing focus on trauma informed care and consumer engagement, the list of competencies assessed would include these skills. In-service training will be provided, or staff may be sent to trainings outside the organization that may assist in expanding their skill levels. As a CCBHC, Abbe Center will keep a written log of all inservice training and training received outside the organization.

1.c.3 – A record of all performance reviews, which include demonstration of competency, are kept in the Personnel Files. Training certificates are kept in a separate "Credentialing" file for all licensed staff members. A Professional Development binder contains a listing of all trainings attended by staff.

1.c.4 – Abbe Center ensures that both internal and external trainings are provided by qualified staff. A pre-approval process for external trainings includes a review of the course content and the qualifications of the Trainer. For internal trainings, the Abbe Center has invested in our staff to become qualified Trainers. Currently we have 4 Mental Health First Aid Trainers for Adult and Child versions of the curriculum, Trauma Informed Care Trainer, Intensive Psychiatric Rehabilitation Trainer, Psychological First Aid, etc. Abbe has identified staff that are skilled in training and provide many in-services to staff on a regular basis. Such staff are Master's degree prepared, have years of experience and have sought out external training to supplement their knowledge base.

Criteria 1 D: Linguistic Competence

1.d.1 – The Abbe Center serves individuals that have limited English proficiency, or language based disabilities. Abbe staff regularly arrange for Language Interpreters when

needed or requested by either the consumer using the service, or the staff person to ensure that the treatment interactions are meaningful to the consumer. If the consumer wishes to include another person in their treatment to aid in their communication, that is encouraged.

1.d.2 – The Abbe Center has staff that speak Spanish, and have been able to utilize staff as a resource when there is a walk-in or urgent appointment where there was not anticipation of the need for an arranged interpreter. Otherwise, interpreter services are arranged prior to the appointment. Currently we are utilizing the services of an interpreter on a regular basis for those with a hearing impairment and limited English speakers with primary languages of Spanish and Swahili. Abbe Center has develop a collaborative working relationship with several local Swahili interpreters. These interpreters are also working closely with the area hospitals and primary care offices. Under the MCO contracts, Abbe Center is also able to access the Language Line to meet other interpreter needs that arise.

1.d.3 – The Abbe Center is compliant with the expectations of the ADA. As noted above, sign language interpreters are available, and particularly after hours, we do have communication with consumers through TTY lines. The Abbe Center is committed to finding a communication method that will allow consumers to have a meaningful treatment experience. At times, we have even used picture cards to help a couple of consumers with language based disabilities that were receiving home based interventions.

1.d.4 – The Abbe Center has written information about accessing services that is provided to consumers at intake. In the past, Abbe has relied on interpreters to translate the information into a meaningful exchange. The Abbe Center will pursue getting our intake handbook translated into languages that are determined by the needs assessment prior to certification. These translations will be reflective of the commonly spoken languages in our community.

1.d.5 - The Abbe Center has very specific policies and procedures to ensure that staff, interpreters and affiliated providers understand the confidentiality and privacy requirements under HIPPA, 42 CFR Part 2 and Iowa law. These policies and procedures guide staff in making decisions about the release of health information as determined by the consent of the consumer. This includes procedures specific to the care of minors and those with legal guardians. Consumers are educated on the importance of coordination of care activities, particularly coordination with their Primary Care Practitioner, and also with other members of their identified treatment team. Abbe Center policies and procedures also guide the staff in understanding those circumstances when a release of information is not required, such as emergency situations or the need to report child or dependent adult abuse.

1.3.1.1.1 Catchment Area Description: The Contractor shall identify the location of the proposed CCBHC clinic and provide a description of the clinic's proposed catchment area including, but not limited to:

- **Counties to which CCBHC services will be provided.**
 - Abbe Center for Community Mental Health is proposing the CCBHC location as its primary location of Linn County with the main office at 520 11th St NW, Cedar Rapids, Iowa. Abbe Center has other satellite locations in various part of the city that would be included in this CCBHC catchment area.
- **Urban and/or Rural areas served.**

- This location would be considered an Urban area (Cedar Rapids) but also draws clients from rural Linn County and surrounding areas.
- **Demographics of the proposed catchment area.** Based on the US Census Bureau for individuals living in Linn Co:
 - Linn County has a population size of 219,916 (2015 estimate)
 - Individuals under age 18 make up 23.8% (under age 5 is 6.3%), those over 65 make up 14.3% of the population. Thus, 61.9% of the population is between 18 and 65.
 - Females are 50.6%, Males are 49.4%
 - Caucasians are 90.6% of the population, followed by Black or African American at 4.5%, Hispanic at 2.4%, Asian at 2.2% and other races at .3%
 - 9.3% persons in poverty
 - 6.9% individuals with a disability
- **Demographics of current populations served including age, gender, race, ethnicity, languages spoken, Limited English Proficiency, mental health and substance use disorder diagnosis, and funding entities.**
 - Individuals currently using Abbe Center services include:
 - Ages 0-5 = 1.6%
 - Ages 6-12 = 8.6%
 - Ages 13-17 = 10.3%
 - Ages 18-25 = 12.6%
 - Ages 26-45 = 33%
 - Ages 46-65 = 29.3%
 - Ages 66+ = 4.8%
 - **Gender:** 52 % are women, 48 % are men
 - **Race:** 84.1% are Caucasian, 8.4% Black or African American, 3.8% report mixed race, 1.5 % Hispanic, and 2.2 % misc. responses.
 - **Ethnicity** – 65% report as “not Hispanic or Latino”, 2% report as “Hispanic or Latino” and 33% declined to report.
 - **Languages** –99.6% of our current consumers speak English as their primary language. We have less than 1% that report Swahili (8 individuals), Spanish (4 individuals), or Sign Language (3 individuals) as their primary language.
 - **Limited English Proficiency** – We are currently providing interpreters for 12 individuals, due to limited English proficiency.
 - **Mental Health Diagnosis** – The top four categories of mental illness diagnosis that we currently treat are: Major Depression (48.1%), Schizophrenia (21.6%), ADHD (15.8%) and Bipolar Disorder (14.5%). Some individuals may have more than 1 diagnosis.
 - **Substance Use Diagnosis** – Abbe Center has limited data for the number of individuals with a Substance Use diagnosis, since we currently only bill for the mental health diagnosis, we have not been electronically entering more than 1 diagnosis for an individual. We will need to make a change in our electronic health record and work flow to include this additional information. In the past when we have conducted a point in time study, there was an average of 45% of individuals served that had a co-occurring mental health and substance use disorder.

- **Funding Entities** – The top 4 Payer Sources in FY16 are Medicaid (75%), Medicare (6%), all commercial insurances (6%), and Regional (3%). Other sources are less than 3% each.

- **Service area gaps and strengths**

- **Strengths** - Linn County has many strengths in the Healthcare environment. There is a strong sense of collaboration amongst healthcare agencies (inpatient, outpatient and community based providers), as well as a new emergence of collaboration with primary care offices and Eastern Iowa Health Center (local FQHC). Linn County also has active planning groups and leadership through our Linn County Public Health Department, who was recently awarded a SIM grant. There is also a large group of Continuum of Care members committed to providing services to individuals experiencing homelessness. The Abbe Center is an active participant on these planning committees and have engaged in pilot projects with several other healthcare providers.
- **Gaps** – The MHDS East Central Region has a “Gap Committee” that has identified some of the gaps in our local continuum of services. Although some hospital diversion services have been initiated, there still seems to be difficulties with the timely access of hospital beds. Beds do not seem to be available when needed which has resulted in “ER Boarding” or sometimes individuals are transported around the state for an open bed. Neither of these result in optimal treatment. Equally, there is a problem when individuals receiving inpatient care are unable to be discharged timely due to the lack of funding for a short term stay at a community based option, such as a bed available at an RCF. Other areas that are gaps, due to a growing demand, are sufficient number of providers of Peer Support and Supported Community Living services. Individuals returning to a community setting are living with a higher acuity of symptoms than in the past. Therefore, there is a need for enhanced training of community based staff to prepare them to work with individuals with high needs.

Workforce needs, including any designation as a health care shortage area:

Linn County is not a designated health care shortage area for Mental Health. However, there is significant shortage of psychiatrists, mid-level prescribers as well as all other levels of treatment team members such as registered nurses, licensed mental health professionals, certified SA staff, bachelor level social workers, peer and family peer specialists. Not having that designation has resulted in graduates not being able to access loan forgiveness programs. This has resulted in graduates leaving the area or seeking employment at entities offering higher salaries such as hospitals and/or managed care organizations. The Abbe Center has employed a number of strategies to address workforce shortage issues such as: Use of Moonlighting Residents, expansion into telehealth, expanding office hours, sponsoring Practicum students, etc. These efforts are with a longer term strategy to recruit an on-going workforce. Even with these strategies, an adequate workforce remains an issue.

1.3.1.1.2 Needs Assessment: The Contractor shall provide any additional requested information to the Agency during the Agency’s needs assessment process, which shall be completed during the Certification Process. During the Demonstration Program period, the Contractor shall update the Agency’s needs assessment, publicly share it within the geographic catchment area, and submit to the Agency for approval by July 1, 2018.

- If selected as a demonstration site, Abbe Center will participate in and provide any information needed by the Agency during the needs assessment process. Abbe Center will update the Agency's needs assessment during the Demonstration Program period, publicly share the information within the geographical area and submit it to the Agency for approval by July 1, 2018. The Abbe Center is utilizing an electronic health record (Cerner Anasazi), and has the ability to run reports for requested data.

1.3.1.1.3 Staffing Plan: As part of the Certification Process, the Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. During the Demonstration Program period, the Contractor shall update the staffing plan and submit to the Agency for approval by July 1, 2018. The proposed staffing plan shall identify any additional staff the Contractor plans to hire to meet certification standards. As required by Clinic Criteria section 1.b.2 the Agency has identified the following staff the CCBHC will employ directly or through DCO:

- If selected as a CCBHC, the Abbe Center's Staffing Plan will meet the requirements in the Iowa Administrative code and Medicaid guidelines. Abbe Center is looking forward to working with the state during the Needs Assessment process to determine additional staff that will be needed. Abbe Center is committed to maintaining a core staff that will be able to meet consumers' individual needs as designated in their treatment plans. The staffing types below will either be employed directly or through a Designated Collaborating Organization (DCO).
 - **Certified Substance Use Disorder Counselor (directly)**
 - Abbe Center currently has 5 employees with a Certified Alcohol and Drug Counselor Certification, but will likely need to hire 2 additional staff members with these credentials. Our plan would be to provide this service directly. Abbe Center is in the application process for the licensure as a Substance Use Provider.
 - **Licensed Mental Health Professional (directly)**
 - Abbe Center currently employees 20 staff members in the Linn County offices that meet the criteria as a Licensed Mental Health Professional. Our intention is to provide this service directly.
 - **Licensed Psychiatrist or Prescriber (directly)**
 - The Abbe Center has 11 staff members (5 FTE's) either employee or Consultant status with us to provide Medication Management services in the Linn County area. These individuals are fully licensed in the state of Iowa to practice medicine and prescribe medications independently. We are currently looking to expand our access to Prescribers through the use of Telehealth and have selected a vendor. Our intent would be to provide this service directly.
 - **Family Peer Support Specialist (directly or DCO)**
 - The Abbe Center does not currently have an individual on staff that has completed the training as a Family Support Specialist. As a designated CCBHC, our intent would be to send an individual to this training and to employ them directly. We have several individuals that we feel would do a good job in this role. We also have discussed a collaboration with

Four Oaks in Cedar Rapids, and envision them being a DCO for this service.

- **MAT prescriber (directly or DCO as specified in the RFP)**
 - The Medical Director, (who has past experience as a Medical Director in a substance abuse unit), has agreed to take the courses required to become eligible to prescribe Buprenorphine, or other medications used to treat opioid and alcohol use disorders, if we were to be selected as a CCBHC. Abbe Center has also had discussion with the Area Substance Abuse Council (ASAC in Cedar Rapids) to augment the availability of this service through a Designated Collaborating Organization arrangement with us. (see letter of support)
- **Peer Support Specialist (directly or DCO)**
 - The Abbe Center currently employs 12 individuals that work as a Peer Support Specialist. Ten of these individuals have already completed the required state sanctioned training. In preparation of individuals pursuing Peer Support as a career, Abbe Center has a training program through our Club 520 Wellness Center to give individuals a chance to learn more about being a PSS and build their confidence prior to pursuing the state sanctioned training. Peers have a valued role within our Agency as they provide services within IHH, Club 520 and run our Warm Line. Our Peers are also active in our CQI processes and other planning committees. Our intent would be to provide Peer Support service directly as a CCBHC.
- **Peer Recovery Coach (directly or DCO)**
 - The Abbe Center currently does not have an individual that has completed the IDPH sponsored training as a Peer Recovery Coach. We do have Peers that facilitate our Dual Recovery groups within our Club 520, but they have not completed the required training. Our intent as a CCBHC, would be to have a Peer complete this training. We have already identified a good candidate. In addition to training an existing Peer to fill this role, we have had discussions with Area Substance Abuse Council (ASAC) in Cedar Rapids about working with us as a Designated Collaborating Organization. They employ a Peer Recovery Coach and have expressed interest in working with us collaboratively as a CCBHC (see letter of support).
- **IHH care coordination team (directly or DCO)**
 - The Abbe Center has a 5 year history of providing Integrated Health Home Services and currently employs 29 staff members to provide IHH in the Linn County area. Abbe Center was selected by Magellan to participate in a 2 year grant, prior to the roll out of IHH programs across the state. Becoming an Integrated Health Home has had a tremendous impact on our organization, and our shift to addressing the total wellness needs of individuals that we serve. We are committed to this model, and incorporated the whole health approach into our Mission, Vision and Core Value statements because of our work in this area. Our intent would be to provide this service directly. We also have had discussions with Four Oaks about being a Designated Collaborating Organization with us on the provision of IHH services to children. (see attached letter of support)
- **Substance Use Disorder Case Management team (directly or DCO)**

- The Abbe Center has a long history of providing targeted case management services, but is not currently providing substance use disorder case management. As we become licensed as a Substance Abuse Treatment agency, we look forward to adding staff to fulfill this role. Our intent would be to both employ staff that provide this service, and to work with Area Substance Abuse Council (ASAC in Cedar Rapids) as a Designated Collaborating Organizations for this service. (see letter of support)
- **Assertive Community Treatment (ACT) Team (directly or DCO)**
 - The Abbe Center was selected in 1997 by Magellan through a community Reinvestment grant to implement Assertive Community Treatment services. We now have a 19 year history of providing this service. During this time, we have expanded the program on 3 occasions as requested by our funders. We currently have a staff of 12, plus a Psychiatrist and a PA that provide services to 80 individuals with a serious mental illness, with a special emphasis to serve individuals with schizophrenia. As a CCBHC, we will provide this service directly.
- **Psychiatric Rehabilitation Approach provider (directly or DCO)**
 - The Abbe Center has been directly providing Intensive Psychiatric Rehabilitation services for the past 16 years. We currently have a staff member that has completed the “Train the Trainer”, so that we can continue to ensure that our staff have sufficient training to provide this service according to best practice standards. Our intent would be to continue providing this service directly as a CCBHC.

1.3.1.1.4 CCBHC Training Plan: The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016. The final training plan shall identify how all CCBHC staff, including contracted staff and providers at DCOs who have contact with individuals receiving CCBHC services and their families, are trained to meet the consumer population’s cultural, linguistic, and treatment needs. The training plan shall include, but is not limited to, new employee orientation, cultural competency, trainings on needs of specific populations including veterans, Trauma-Informed Care and suicide prevention and suicide response. The plan shall include how the Contractor will incorporate additional trainings to meet Clinic Criteria.

- The Abbe Center agrees to submit a Training Plan to the state for approval by the Sept 15th deadline. In anticipation of meeting the CCBHC training requirements, the Abbe Center has established a committee that is reviewing the orientation process, including the content of training provided at orientation and on-going training needs. Abbe Center currently has a fairly robust orientation, but as a CCBHC, it is proposed that our Training Plan be enhanced. This plan will include adding enhanced training on the following content areas:
 - Enhanced training on Cultural competency
 - Person-Centered and Family-Centered treatment planning
 - Trauma Informed Care – Part I and Part II
 - Total Wellness – integrated care
 - Risk Assessments, Suicide Prevention and Response
 - Special populations – Veterans, Limited English speakers, etc.
 - Enhanced training on therapeutic approaches for individuals with complex needs such as Motivational Interviewing

- It is noted that this enhanced training will be provided to all current employees and new employees at orientation and within the first 6 months of employment. It will also be provided to contract staff, and staff at DCO's that will provide CCBHC services.
- Training may be provided in person by in-house trainers, through arrangement of Trainers with expertise outside the agency, through webinars, and through on-line courses. Staff will be encouraged to continue to earn the Certificates of Excellence that align with the CCBHC training content areas, available through Relias Learning.

1.3.1.2 Availability and Accessibility of Services: The Contractor shall meet the availability and accessibility standards in 2.A through 2.E of the Clinic Criteria.

Criteria 2.A: General Requirements of Access and Availability

2.a.1 - The Abbe Center maintains a safe, functional, clean and welcoming environment for consumers and staff and the environment is conducive to the provision of CCBHC services. Two years ago, the Abbe Center made a special effort to improve the environment. We conducted a survey with consumers, and they assisted us in picking out some art work and new furniture for our Club 520 area. Based on feedback, we also added chairs outside the waiting area, to accommodate those that felt anxious inside a waiting room. On survey feedback, our consumers have indicated that they felt safe and respected when here to receive services.

2.a.2 - The Abbe Center has expanded the hours of operation in the past year to include some Saturday hours for Medication Management services. The weekend hours on Saturdays have been helpful for those that find it difficult to get to appointments Mon – Friday. Abbe Center also has extended day/evening appointments, with being open till 6 pm three nights per week, and open till 8 pm one evening each week. Some community based services are offered seven days per week, such as Assertive Community Treatment and Home based Habilitation.

2.a.3 - The Abbe Center as an agency covers a 9 county area, with over 20 designated treatment sites. However, we are applying for CCBHC in Linn County. In Linn County, Abbe has an office on the northwest side of town, and an outpatient clinic in Hiawatha (east side). Consumers can choose the location that is most convenient for them. In addition, we have community based and IHH staff in various locations around town. Abbe Center does provide many "outreach" services which include services in homes and the community. We have staff that will travel to where consumers live to provide services (nursing homes, jails, RCF's, and have co-location sites with ASAC, Four Oaks and Eastern Iowa Health Center offices). Each of our office sites are accessible on the public transportation routes.

2.a.4 - The Abbe Center does not bill Medicaid for Transportation services currently. But staff providing community based services such as Community Support, Assertive Community Treatment, Homeless Outreach, IHH and Habilitation services do provide or arrange for transportation as part of their work on treatment goals. Sometimes consumers need assistance or support to get to medical appointments, get to the Social Security office, food banks, etc. Abbe staff will work with clients to learn and use the public transportation system. When needed, we have found that the ability to ensure transportation for individuals that we are trying to engage in keeping that first post hospital visit has been vital in bridging the gap between hospital care and outpatient services.

2.a.5 - The Abbe Center has taken efforts to make services convenient and accessible for consumers. Abbe Center was able to include in our contracts with Medicaid and other insurance

contracts, provisions that allow us to provide Medication Management services to consumers through Telehealth technology. This allows services to be available without burdensome travel to another county. Also, for individuals with very high needs, or who may need an outreach service, we provide Assertive Community Treatment services in the home. This includes the entire multidisciplinary team including a Prescriber providing services in the home. Abbe Center is not currently providing services “on-line”, but we do have consumers or potential consumers that contact us through the Abbe website. We have 3 staff that are assigned to respond to those who prefer to access us through the website.

2.a.6 – The Abbe Center is committed to providing outreach and engagement services. Outreach is provided through our Homeless Outreach staff (PATH grant), Community Support Services staff (CSS) and Integrated Health Homes (IHH) teams. Outreach activities may include informal efforts such as stopping by shelters and meal sites to assess for unmet mental health needs of those at that site or to help them apply for benefits and entitlements. Or developing a relationship with area landlords, general assistance offices and payees that may come into contact with individuals needing services that we may be able to assist. Or there may be more formal processes, such as our “Connection Support” services that include us going into the hospital inpatient units to meet with consumers that may need outpatient care. Our staff then provide intensive follow up for 60 days to ensure that consumers have received those services on their hospital discharge plan and have engaged in outpatient follow up care.

2.a.7 – The Abbe Center works with individuals on both a voluntary and court-ordered basis. Currently the Abbe Center is working with 7,641 individuals in Linn County, and 252 of these are on a court-order for treatment. We have a designated staff member that is responsible for ensuring that the appropriate reports are filed with the court in a timely manner. All services provided by Abbe are within the scope of our practice and are within the state accreditation standards.

2.a.8 – The Abbe Center has an active disaster plan, and has had to implement it during an actual natural disaster. Following our experience with the Floods of 2008, we learned the importance of this plan in ensuring that our agency continued to be able to meet the needs of our consumers during a time of disaster. In addition to our agency Disaster Plan, Abbe Center participates on the local LAP-AID (Linn Area Partners Active in Disaster) and chair the Mental Health Subcommittee.

Criteria 2.B: Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers:

2.b.1 – The Abbe Center currently serves individuals both in person, and by phone, depending on how consumers choose to present. Abbe Center adopted a national model of “Same Day Access” for individuals initiating services with us. Any individual that is desiring services at Abbe (new patient) is encouraged to walk in on a day and time that works for them Monday through Friday, during morning, afternoon and evening Same Day Access times for that first appointment. We have found that this convenience allows consumers to choose a day that works for them and reduces “no shows”, therefore making the best use of available time for services.

When an individual walks in for services, they will meet with an Intake Clinician member that will conduct a screening for any emergency needs, and obtain the basic insurance information needed to conduct prior authorizations as needed. The individual then is given an opportunity to meet with a Same Day Access Therapist, who does a complete diagnostic evaluation and social history. This appointment concludes by collaboratively developing a treatment plan with the

individual. If this treatment plan includes a referral for other services (such as medication management, community based services, IHH, etc.) then the Intake Clinician sets up those appointments.

All new consumers, whether presenting with an emergency / crisis, urgent or routine need, will be seen that day through Same Day Access or by another available clinician if necessary. Our typical wait time to be seen through Same Day Access averages an hour.

Some individuals may choose to present to us through a phone contact. Abbe Center has a Mental Health Professional available for assistance 24 hours per day, 365 days per year. After hour calls are answered by an Answering service and then routed to the Therapist on call. Policy and Procedures require staff to respond to a call within 30 minutes. During this phone call, staff complete an assessment of needs, assess the level of risks, document the intervention provided and complete a post crisis plan. If the caller is an individual new to Abbe, the individual is encouraged to come in the next business day for a Same Day Access evaluation. If the caller is an individual already receiving Abbe services, the individual's treatment team is notified the next business day so that they can follow up with the individual.

As a CCBHC, it is recognized that there will be a need to modify our current procedures to allow added time for the Therapist to complete a more comprehensive Patient-Centered or Family-Centered treatment planning. This would allow for some continued collection of valuable collateral information to be collected and used in the development of the comprehensive plan. This type of time commitment is not feasible in the current fee for service environment.

2.b.2 – The Abbe Center complies with the completion of the initial Diagnostic Evaluation and treatment planning within 60 days. It would be a new requirement for us to complete an update every 90 days and to do so in consultation with a primary care provider, as the current standards do not require that. If this becomes a requirement in the certification process, the Abbe Center will need to make modifications to our electronic health record to add these tracking features, and we would need to develop a work flow with Primary Care providers. These activities are worth pursuing, but the cost will need to be figured into the payment structure.

2.b.3 - Abbe Center is already meeting the standards for emergency, urgent or routine appointment for individuals that are new to Abbe through our Same Day Access services. If an established consumer presents with an emergency need, Abbe Center does have reserved designated open appointment slots for them to be seen by the appropriate Clinician. For urgent needs, we would first attempt to have them seen by their treating clinician within one next business day. If unable to, they would be seen by another available clinician. For routine needs by established consumers, we are able to meet the 10 day requirement for Outpatient Therapy. If an individual is only receiving Medication management services, it is a challenge to get them back in within 10 days. It is hoped that our telehealth expansion will increase our Prescriber availability and that as a CCBHC, we will be able to move into a model referred to as "Just in Time" scheduling, which means that anyone calling for a return appointment will be able to schedule an appointment within 3-10 days.

Criteria 2.C: 24/7 Access to Crisis Management Services:

2.c.1 – The Abbe Center offers crisis services through walk-ins and after hour phone contact utilizing our own staff, as described above. However, our intent as a CCBHC is to work collaboratively with Foundation 2 (F2 is a local crisis services agency) to access the mobile crisis

team. The F2 mobile crisis services are available 24 hours per day, 7 days per week, 365 days per year. (see attached letter of support) Abbe Center already works collaboratively with F2 by making referrals to them and as a CCBHC would pursue a DCO relationship.

2.c.2 – Abbe Center has policy and procedures that describe the protocols for the provision of services. As a CCBHC, these policies would be revised to include the workflow for accessing the collaborative services of Foundation 2 mobile crisis team. The mobile crisis team services include the provision of assessing for risks, providing interventions, and developing a post crisis follow up plan. As the development of the DCO arrangement with Foundation 2 is finalized, this description of the continuum of crisis services will be posted on our website for the public.

2.c.3 – At the intake appointment, all individuals are provided with a handbook of information. This handbook will be translated into commonly spoken languages to ensure that the information is presented in a meaningful way to those we serve. In this handbook, information is available about how to access crisis services. As a DCO arrangement is finalized with Foundation 2 additional information will be included in the handbook regarding the crisis line and mobile crisis services available. We currently are already providing information about Advanced Directives and the Warm Line that is offered by Abbe Center Peer Support staff.

2.c.4 – The Abbe Center has established working relationships with the ED's in both local hospitals. Both hospitals have established Social Worker positions aimed at working with the "high utilizer" individuals within their ED. We already work collaboratively with these hospital staff. As a CCBHC, Abbe Center would seek to increase that collaboration, and work on a method of providing follow up on individuals that sought out services in an ED. We would also like to work on a method of getting notified through our EHR when a client of ours presents to the emergency room, so that we can do some immediate follow up. The Abbe Center recently participated in a pilot project with Mercy Hospital after they identified one zip code that had particularly high usage of the ED. Collaboratively, staff from Abbe Center, Mercy Hospital, Linn Co Public Health and Aging Services provided health improvement activities on site at a housing complex for the elderly and disabled in that zip code, in an effort to decrease the ED usage. The project has not concluded yet but is showing encouraging results of improved health.

2.c.5 – The Abbe Center has a good working relationship with area law enforcement. Through our internal training on crisis management, staff are knowledgeable on when to access law enforcement during crisis calls. Law enforcement has also been helpful when collaborating on "welfare checks" when it is unknown if an individual is indeed in crisis, but there is reason for concerns for their welfare. Abbe Center staff have conducted joint home visits in those situations with law enforcement officers.

2.c.6 – Individuals that utilize the services at the Abbe Center are given the opportunity to develop a Crisis Plan or a "Health and Safety Plan" as part of their on-going treatment services. If individuals present in crisis, Abbe staff documents the interventions provided and creates a post crisis plan to prevent and de-escalate future crisis situations. Since individuals are most at risk for additional crisis following a crisis situation, post crisis follow up is part of our interventions. As a CCBHC, in our formal work with Foundation 2 as a DCO, they also provide a robust continuum of crisis services including prevention work, crisis intervention and post crisis follow up.

Criteria 2.D: No Refusal of Services due to Inability to Pay:

2.d.1 – As a CCBHC, Abbe Center would not deny individuals behavioral health services due to an individual's inability to pay for such services. The Center currently works with the MHDS East Central Region to assist individuals that are unable to pay for services and are eligible for Region financial assistance due to being low income. Being "unable to pay" is not the same as "not willing to pay", so a sliding fee schedule based on income will be established. Per this fee schedule, fees or payments will be reduced or waived to enable Abbe Center to provide these needed services. Abbe Center will bill insurances when applicable.

2.d.2 - Once the fee schedule is determined as a CCBHC, this fee structure will be posted on the Abbe website, in the waiting rooms and provided in hard copy as requested by consumers and / or families. Copies will be available in the commonly spoken languages for Linn County. Every effort will be made to ensure that the fee schedule is understandable to those with limited English speech.

2.d.3 – The fee schedule will be based on existing locally prevailing rates and includes reasonable cost of operations. This fee schedule will be consistent with the Region.

2.d.4 – If selected as a CCBHC, policies and procedures will be developed to guide staff on implementation of the sliding fee schedule that is developed. These policies and procedures will be applied equally to all individuals seeking services.

Criteria 2.E : Provision of Services Regardless of Residence:

2.e.1 – As a CCBHC, the Abbe Center will not deny behavioral healthcare services based on residence or homelessness. In fact, Abbe Center provides outreach to individuals experiencing homelessness in order to identify any unmet behavioral healthcare needs and to assist individuals in accessing services.

2.e.2 – The Abbe Center is aware of the requirement to provide crisis response, evaluation and stabilization services to individuals regardless of place of residence. Through our website and after hours phone service, it is not uncommon to be contacted by individuals outside our catchment area. We already maintain a Resource manual of resources in areas outside Linn County, so that we are better able to guide individuals to resources. As CCBHC, we anticipate that our capacity will increase to better provide follow up with post crisis tracking and assistance. Through our DCO arrangement with Foundation 2, it is noted that they also have mobile crisis teams in areas surrounding Linn County that would be a resource for those outside of our catchment area that are seeking crisis services.

1.3.1.2.1 The Contractor shall submit to the Agency current access timeframe data regarding Emergency, Urgent, and Routine needs as defined in section 2.b.1 of the Clinic Criteria on a quarterly basis during the Demonstration period. The first data submission is due on the 20th of the month following the first 3 months of operation of the CCBHC and every 3 months afterward.

- The Abbe Center is aware of the requirement to submit data on access timeframes for individuals that present with Emergency, Urgent and Routine needs. Abbe Center will cooperate with this requirement to submit this data quarterly during the Demonstration period. Abbe Center has established a workgroup that is currently working on how this would be tracked through our EHR so that the data will be easily accessed through reports.

1.3.1.3 Care Coordination: The Contractor shall provide Care Coordination services compliant with sections 3.A through 3.D in the Clinic Criteria. The CCBHC Care Coordination Chart located in the bidder's library also describes the types of Care Coordination required of a CCBHC. The Contractor shall directly provide Care Coordination for all CCBHC Individuals and shall directly provide or contract with a Medicaid-enrolled Integrated Health Home to provide Care Coordination for Individuals with a Serious Emotional Disturbance or a Serious Mental Illness. Care Coordination is a required activity for all Individuals served by the CCBHC, regardless of insurance coverage. Care coordination is not a billable service under the CCBHC reimbursement structure. Costs of care coordination for CCBHC Individuals not eligible for IHH per member per month payments can be included in the CCBHC cost report.

Criteria 3.A: General Requirements of Care Coordination:

3.a.1 – The Abbe Center has a long history of providing comprehensive care coordination and understand the requirements for a CCBHC. As a CCBHC, Abbe Center will coordinate care across the spectrum of health services, which will include access to the full continuum of physical healthcare, behavioral healthcare as well as coordinating those services that address the “social determinants of health” such as housing, educational system, employment, social services, in order to facilitate the highest level of recovery. Abbe Center will work to improve the health of the total person, and recognize the importance of integrated health. Abbe Center has experience providing care coordination to individuals with a military background and are aware that there may be additional resources available to them as a Veteran. Care Coordination will be provided to all individuals served by the CCBHC regardless of insurance coverage. Medicaid individuals enrolled will receive care coordination through the Integrated Health Home.

3.a.2 – The Abbe Center is aware of and follow the confidentiality and privacy laws and guidance given in HIPPA, 42 CFR Part 2, and in Iowa Law. Abbe Center has policies and procedures that guide staff in complying with these laws. Training is given to staff on the process of obtaining signed releases of information when needed for the care and coordination of treatment. It is important to recognize that the choice is the consumers in deciding when they agree to give up their rights to privacy. The right to privacy is explained to individuals, but they are also given education and information about the benefit of Abbe Center staff being able to coordinate their care with their entire treatment team, in order to best assist them. Efforts will be made to obtain releases of information, but without coercion or simply for the convenience of staff. Individuals will have the ability to specify what type of information they are wanting released, in order to be consistent with person-center or family-centered treatment. If an individual is unwilling to sign a release of information, staff will document their attempts, and will revisit it at a later date.

Abbe Center does track releases of information in our EHR, thus they are easy to locate and access.

3.a.3 – As a CCBHC, when making a referral for services outside of the Abbe Center, Abbe staff will track and follow up on whether the individual kept this appointment. If they did not, attempts will be made to discuss this with the individual. It is noted that the ability to do this will require additional staffing, but it is an important service to ensure that individuals get their total healthcare needs met, leading to improve total wellness.

3.a.4 – The Abbe Center screens during the intake process, as to whether an individual has an Advanced Directive. If not, they are provided information on how to develop one, if interested. In Iowa, there is not a recognized “Psychiatric Advanced Directive”, but the medical advanced directive can include the desires of an individual experiencing a psychiatric crisis. The Abbe

Center is also familiar with Wellness Recovery Action Plans, and has used this tool with many of the individuals living with a serious mental illness (SMI). The use of these tools are very helpful in knowing the preferences of someone in crisis, but also in helping them identify what they need to do to stay healthy and well. Abbe Center will continue to offer WRAP classes to anyone who would like to develop a WRAP plan. This WRAP plan then, can get scanned in to the EHR so that it is accessible for anyone on the treatment team.

3.a.5 – The Abbe Center makes every effort to keep a comprehensive list of medications that individuals are prescribed or taking. Prior to their medication management appointment, the individual first meets with a CMA who takes a comprehensive list of medications that the individual is self-reporting and records this for the Abbe Prescriber. At times, staff have needed to contact the pharmacy or called another healthcare agency to check on prescribed medications, if the individual was unsure or an unreliable reporter. If an individual is coming to us as a Post Hospital follow up, designated Abbe Center staff have direct access to the EHR's of both local hospitals in order to access the accurate list of discharge medications. Medication reconciliation is a vital task to ensure that individuals are having maximal benefit from medication management.

3.a.6 – The Care Coordination Agreements will honor the right for the individual to make choices of providers of their care. Nothing in the CCBHC Care Coordination Agreements will limit consumers' freedom to choose their provider.

Criteria 3.B: Care Coordination and Other Health Information Systems:

3.b.1 – The Abbe Center currently uses Cerner Anasazi as our electronic health record. Through this EHR, Abbe Center is able to collect information including demographics, diagnosis and medication lists. The EHR provides clinical decision support (i.e. warning pop ups if a dosage is above the recommended dosage range) and allows for the transmission of prescriptions electronically to pharmacies as allowed by Iowa law. The EHR will be used to gather the quality measures required of a CCBHC to the extent possible.

3.b.2 – The Abbe Center is still learning to use our EHR to maximum benefit. We have been exploring ways to use it to assist in our population health management activities through IHH (such as tracking chronic health conditions), and have a committee that is working on the PQRS and Meaningful Use requirements. We currently are using the EHR to identify practice patterns, such as length of stays and working on ways to promote the interdisciplinary team approach through sharing information through the EHR.

3.b.3 – Abbe Center has an established EHR that was purchased in 2011 (Anasazi). Anasazi became certified for Stage 1 Meaningful Use by the Drummond Group in 2011-2012. Subsequently, Anasazi was purchased by Cerner Corporation and was required to recertify for meaningful use. Abbe Center is working on meeting the Stage 1 Meaningful Use requirements. One of the barriers to progressing in our ability to meet meaningful use requirements, is the purchasing of the Ultra Sensitive Exchange. Once this is obtained, with our current EHR, Abbe Center should be able to make progress in complying with the data requirements.

3.b.4 – The Abbe Center has policies and procedures in place to guide staff in complying with privacy and confidentiality laws. This includes the requirements in HIPPA, 42 CFR Part 2 and Iowa law. These policies will be updated to include procedures for working with identified DCO's. DCO staff that provide any CCBHC service, will be trained on these policies and procedures.

3.b.5 – If selected as a CCBHC, the Abbe Center will work collaboratively with the designated DCO's on developing a strategy for the sharing of electronic health information. This process will be vital in ensuring that appropriate transition of care planning takes place. Currently, Abbe Center is able to conduct business electronically with pharmacies, as allowed by Iowa law. We will work on this capacity with DCO's as well. Abbe has had such discussions with community partners, however, we are waiting for the EHR vendors to complete the capacity of the EHR systems to be able to create and share a Continuity of Care Document.

Criteria 3.C: Care Coordination Agreements:

3.c.1 – The Abbe Center currently has an MOU (Memorandum of Understanding) and a formal "Care Compact" with the Eastern Iowa Health Center (EIHC), which is the local FQHC for Linn County. At the time of the implementation of the Integrated Health Home services in 2011, the Abbe Center reached out and established a co-location project with EIHC. During this time, we were able to have a full time Primary Care Practitioner on site within the Mental Health center. This partnership has been a valuable learning opportunity, and an opportunity to provide better coordinated services for our IHH clients. When individuals present to us at Same Day Access, Abbe staff screen to see if they have a primary care practitioner, and if they do not, we provide information about the Eastern Iowa Health Center services. As a CCBHC, we will continue the collaborative relationship with the Eastern Iowa Health Center.

3.c.2 – The Abbe Center has a close working relationship with both of our local hospital inpatient psychiatric services, and currently have some pilot projects we are collaborating on together. In anticipation of becoming a CCBHC, the Abbe Center has initiated discussions with the hospitals about formalizing an agreement for care coordination. Currently, designated Abbe staff have access to directly log in to the EHR's at both hospitals to access records and discharge instructions for individuals that we obtain a release of information from. This has helped in our efforts to provide transitional care from inpatient to outpatient care. It has also helped in our efforts to reconcile current medications following a hospitalization. In addition to this access to the EHR, Abbe has a designated staff member that goes up to the inpatient units three times per week to meet with individuals prior to the being discharged. This has helped tremendously in establishing rapport with individuals and increases the likelihood of engaging in outpatient care following discharge.

If selected as a CCBHC, the Abbe Center will expand on the current coordination agreements to include working on a method of being notified when a CCBHC consumer presents at the ED, or is admitted to a detox or residential setting, so that we may assist in discharge planning and the transitional care. Part of this planning will include ensuring that the medication list is current and accurate during the transitions, and that a plan for suicide prevention and safety is developed. Whenever appropriate, Peer Support services will be offered.

3.c.3 – In anticipation of seeking certification as a CCBHC, the Abbe Center has begun dialogues with a variety of community services and providers, in order to educate them on the development of CCBHC services, and to express the desire to develop care coordination agreements with them. To date, discussions have occurred with:

- Cedar Rapids Community School District
- Four Oaks (child welfare services, Pediatric Health Home)
- St Lukes Unity Point Hospital (psychiatric inpatient, detox, ED)
- Mercy Medical Center (psychiatric inpatient, detox, ED)

- Area Substance Abuse Council (MAT services, withdrawal management, SU case management, Recovery Coach)
- Foundation 2 (mobile crisis and Crisis hotline)
- Linn County Veterans Affairs (veterans services)
- Eastern Iowa Health Center (FQHC) (primary care)
- Penn Center (crisis stabilization)
- Willis Dady Shelter (homeless shelter)
- Affordable Housing Network
- Aging Services

3.c.4 – The nearest Veterans Affairs Medical Center is in Iowa City, and has local outpatient clinic office om Cedar Rapids that offers Medical and Behavioral Health services. Discussions have taken place with the local VA Outreach office in Linn County in order to discuss the role of a CCBHC in regards to care coordination activities.

3.c.5 – As noted above, the Abbe Center has good working relationships with both local hospitals and as a CCBHC, will work to formalize a written care coordination agreement for CCBHC consumers that access the Emergency room, inpatient services, medical detoxification or ambulatory detoxification, hospital outpatient clinics and community crisis providers.

Abbe Center will need to further develop a relationship with the local urgent care centers, as we do not have any procedures in place at this time. Through our IHH services, staff have encouraged individuals to establish care at a Primary Care clinic, in order to have better continuity of care. This is an effort to reduce reliance on the use of urgent care centers. Establishing care coordination agreements with Urgent Care Centers would be a new collaborative relationship for us.

As a CCBHC, Abbe Center will establish a policy of providing follow up to individuals being discharged from a level of care higher than outpatient (inpatient, residential, ED, Detox services) within 24 hours. This will require us to change some work flows and add staffing on the weekends. Abbe will also use Peers during the transitions of care from inpatient to outpatient care. Abbe has Peer staff that have been in the field for years and are very skilled. We have worked with the hospitals to be able to offer our Peers the chance to go onto the Inpatient Units to meet with hospital patients, to share their personal recovery story, and to help them understand how to navigate outpatient services.

As noted above, Abbe's efforts will be to track admissions and discharges from these levels of care, and to provide support during the transition of care, to ensure individuals engage in appropriate and effective outpatient care. This would include ensuring that vital information from the medical record was shared. This is much like our current "Connection Support" project with both hospitals as described earlier in this document.

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities:

3.d.1 – The Abbe Center considers a treatment team to include the Consumer and anyone else they choose to include in their treatment (by written consent). If the consumer is a child or an adult with a guardian, the treatment team would include the legal guardian. Treatment Planning activities are to be person-centered or family-centered following the requirements of Section 2402 of the Affordable Care Act. This requirement ensures that the treatment planning process is

directed by the person with needs. The individual is allowed to choose who they want involved in the processes, and focus is on identifying the individual's strengths, goals, preferences, needs and desired outcomes. Our role will be to enable the individual and to identify and access a unique mix of professional or natural supports and services to meet their needs. The Abbe Center is knowledgeable about HIPPA, 42 CFR and Iowa laws that govern privacy and confidentiality and will seek consent from the individual in order to provide care coordination activities.

3.d.2 – Following the Same Day Access assessment, appropriate referrals will be made to services that are needed by the individual. Along with natural supports identified by the individual, that process will establish the treatment team that is responsible for directing, coordinating and managing the care and services for the individual consumer. This interdisciplinary team will work together to coordinate the medical, psychosocial, therapy and recovery needs of the individual.

3.d.3 – As a CCBHC, the Abbe Center is aware of the responsibility to coordinate the care and services as outlined in the person-centered or family-centered treatment plan. This would include any CCBHC services that are provided by a DCO.

1.3.1.3.1 The Contractor shall have a policy establishing Care Coordination responsibilities with other Care Coordination and case management entities when an Individual receives case management or Care Coordination services through an agency that is outside the CCBHC or its DCO. The policy shall be submitted to the Agency for review and approval by September 15, 2016 as part of the certification process.

- As required, if selected as a CCBHC, the Abbe Center will submit to copy of a policy to the State that outlines the responsibilities for Care Coordination activities by Abbe for instances where a CCBHC consumer chooses to receive case management services outside the CCBHC or a DCO. This policy will be submitted by Sept 15, 2016 as part of the certification process.

1.3.1.3.2 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 2018. The Contractor shall implement the Agency-approved plan by October 1, 2018.

- If selected as a CCBHC, The Abbe Center agrees to submit a plan to the State which outlines our efforts to improve care coordination activities between the CCBHC and the DCO's through our electronic health record systems. This plan will be used during the two year demonstration project, and will be submitted to the state by July 1, 2018.

1.3.1.3.3 The Contractor shall submit to the Agency a list of all agencies that the Contractor has executed Care Coordination agreements with during the Demonstration Program period. Care Coordination lists are due on January 3, 2018 and January 3 2019.

- The Abbe Center will comply with the requirement to submit a list to the State of all agencies that we have executed a Care Coordination agreement with during the two year demonstration project. This list will be submitted by the January 3rd deadline in 2018 and 2019.

1.3.1.4 Contracting with Designated Collaborating Organizations: The Contractor shall establish a Formal Relationship with any Designated Collaborating Organization (DCO) that will provide any

of the following required services: ACT, Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans, MAT, Peer Supports, Peer Counseling and Family/Caregiver Supports, Psychiatric Rehabilitation, and Integrated Health Home care coordination.

1.3.1.4.1 The Contractor shall provide copies of formal DCO agreements to the Agency by September 15, 2016 and when revised, terminated, or added.

- The Abbe Center has discussed and is planning to establish DCO agreements with the Area Substance Abuse Agency, Foundation 2, and Four Oaks. Abbe will submit a copy of these DCO agreements to the state by Sept 15, 2016 and will update the State with any changes such as revisions, terminations and additions.

1.3.1.4.2 The Contractor shall certify by September 15, 2016 that all DCO's providing substance use disorder services are agencies funded by the IDPH Substance Abuse Prevention and Treatment Block Grant.

- The Abbe Center is aware of the requirement to develop a DCO specific to substance use disorder services agreement with a substance abuse provider that currently receives funding through the IDPH Substance Abuse Prevention and Treatment Block Grant. The Abbe Center is planning to work with Area Substance Abuse Council in Cedar Rapids. They do currently receive IDPH prevention and treatment block grant funds.

1.3.1.5 CCBHC Scope of Services: The Contractor shall provide the nine required behavioral health services in sections 4.B through 4.K of the Clinic Criteria. The Contractor and the Contractor's DCO shall be enrolled providers with Iowa Medicaid Enterprise for all CCBHC services.

The Abbe Center for Community Mental Health is an enrolled Provider with Iowa Medicaid Enterprise. Three of the Four anticipated DCO's are enrolled as a Medicaid provider. We have had discussion with one proposed DCO that they would need to become enrolled prior to a DCO Contract.

4.b.1 – The Abbe Center will provide CCBHC services in accordance to Section 2402 of the Affordable Care Act, which outlines the requirement to follow a person-centered or family-centered approach. This requires Abbe staff to approach treatment and coordination of care in a recovery oriented, strengths based manner, with respect in honoring the consumers' needs, preferences and desired outcomes.

4.b.2 – While providing person-centered and family-centered services, Abbe Center staff will be sensitive to the cultural values and beliefs of individuals. This will require us to seek out information on cultures we may be less familiar with, and to incorporate non-traditional approaches if needed. If appropriate, the Abbe Center would be willing to seek a formal arrangement with a tribal provider for individuals who are American Indian or Alaska Native.

The required services are:

- **Crisis Behavioral Health Services (provided directly or by State-Sanctioned Crisis Service Provider)**
- **Screening, Assessment and Diagnosis (provided directly)**
- **Person-Centered and Family-Centered Treatment Planning (provided directly)**

- **Outpatient Mental Health and Substance Use Disorder Services** (provided directly unless otherwise allowed in the RFP and Clinic Criteria)
- **Outpatient Clinic Primary Care Screening and Monitoring** (provided directly or by DCO)
- **Integrated Health Home Services and Substance Use Disorder Case Management** (provided directly or by DCO)
- **Psychiatric Rehabilitation** (provided directly or by DCO)
- **Peer Supports, Peer Counseling and Family/Caregiver Supports**(provided directly or by DCO)
- **Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans** (provided directly or by DCO)

1.3.1.5.1 Crisis Behavioral Health Services: The Contractor shall directly provide crisis behavioral health services listed in section 4.C of the Clinic Criteria, unless the Contractor contracts with an existing State-Sanctioned Crisis Service Provider to provide the required crisis services. If the State-Sanctioned Crisis Service Provider does not serve the Contractor's entire catchment area or provide all of the required services, the Contractor shall directly provide or contract with the State-Sanctioned Crisis Service Provider to ensure that all required crisis services are available in the catchment area.

The crisis services to be provided directly or through a State-Sanctioned Crisis Service Provider are:

- **24 hour Mobile Crisis**
- **Emergency Crisis Intervention Services**
- **Crisis Stabilization Services**

4.C.1 – In Iowa, the MHDS Regions have been tasked with the development of Crisis Services. In the MHDS East Central Region, it was decided that one agency would take the lead in the provision of Mobile Crisis services (as they were already providing this in Linn County), and 3 other agencies would take the lead in developing Crisis Stabilization in community (SCL providers). Rather than initiating competing services, Abbe Center will collaborate with the existing crisis service providers as DCO's. Discussions have taken place with Foundation 2 and with Penn Center in providing these services as a CCBHC DCO (see letters of support). Under these agreements, the following services would be available:

- 24 mobile crisis teams through Foundation 2 (accredited through the American Association of Suicidality)
- Emergency Crisis intervention services through the Abbe Center (accredited for emergency services through 441 IAC Ch. 24)
- Crisis Stabilization through the Penn Center

It is noted that these services are available throughout the Linn County Catchment area. Each of these services include suicide risk assessment and response. Staff are trained to know what to do in the instances of crises related to substance abuse or intoxication, and are aware of the local medical detoxification providers. Since each of these agencies have experience in providing crisis services, they have established relationships with law enforcement and a history of collaborations. Foundation 2 and Penn Center crisis services have not yet been accredited by Ch 24 division II, as they are waiting for the currently administrative rules revision to be completed.

1.3.1.5.1.1 The Contractor shall provide the following levels of the ASAM criteria for ambulatory detoxification either directly, through DCO or through referral as indicated below:

- **Level 1-Withdrawal Management: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. (Directly)**
 - The Abbe Center would plan to provide this level of treatment directly under the supervision of our Medical staff or staff that are trained as an alcohol and drug counselor. Typically this can be provided in our outpatient setting.
- **Level 2-Withdrawal Management: Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management. (Directly or DCO)**
 - The Abbe Center would propose to offer this level of services through our DCO arrangement with Area Substance Abuse Council. Typically this service can be provided in an Intensive Outpatient setting if the individual has an adequate support system.
- **Level 3.7-Withdrawal Management: Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, or nursing monitoring. (Directly , DCO, or by Referral-costs of this service may not be reimbursed through the CCBHC PPS)**
 - Abbe Center would propose to offer this level of care through a referral to a medical detox unit. Discussions have occurred with both local hospitals and with Prelude which offer this service.

1.3.1.5.2 Screening, Assessment, and Diagnosis: The Contractor shall directly provide screening, assessment, and diagnosis for behavioral health conditions as stated in section 4.D of the Clinic Criteria.

4.d.1 – Abbe Center is planning to provide Screening, Assessment and Diagnosis services directly. This will include services for any behavioral health condition, mental health or substance use disorders. If it becomes necessary to refer an individual that needs specialized services (ie neurological testing or for an eating disorder), Abbe Center will coordinate that referral.

4.d.2 – Abbe Center currently has protocols in place to perform screening, assessment and diagnosis services. As a CCBHC, we will expand the process to ensure that there is an assessment of need for any of the CCBHC required services.

4.d.3 – The Abbe Center will include as part of the initial or comprehensive evaluation, the following components:

- The Reason for and Circumstances leading to seek treatment (as reported by the consumer or others significantly involved)
- The Referral Source and reasons
- Behavioral health history/onset of symptoms (trauma, past hospitalizations, past treatment interventions)
- The immediate Clinical Care needs related to the diagnosis of mental and substance use disorders
- Diagnostic Assessment (Mental Status, severity of MH or SU symptomatology)
- Assessment of competency/ cognitive impairment screening that interferes with tx
- Psychosocial Information (housing, vocational, amount of social support, legal issues)
- Current list of medications (both prescription and over-the-counter, and any other substances the consumer may be taking, drug allergies)
- Attitudes/Behaviors/Cultural/Environmental factors impacting Treatment
- A Risk Assessment (to self or others)
- Any other safety concerns (i.e. domestic abuse)
- Assessment of need for Medical Care – referral and follow up as needed
- Screening to identify if individual is a veteran
- Strengths, goals, desired outcomes for recovery plan
- Obtaining releases of information as appropriate to allow for Case Coordination activities
- Referrals needed for social services

4.d.4 – The Person-centered or Family-centered evaluation will be completed by Abbe Staff within 60 days by a licensed behavioral health professional who is a member of the individual's treatment team.

4.d.5 – The list of the comprehensive evaluation components is noted above in 4.d.3. The required information will be collected and documented in the medical record.

4.d.6 – Abbe Center is aware of the requirement of a CCBHC to screen and assess for quality measure found in Appendix A of the RFP.

4.d.7 – The Abbe Center has identified standardized and validated screening tools, and staff have been trained in brief motivational interviewing techniques.

4.d.8 – The Abbe Center will ensure that these tools are presented in a way that will be meaningful to the individual and will be culturally and linguistically appropriate.

4.d.9 – If during the screening process, an individual is screened to have problematic alcohol or other substance use, Abbe staff will refer the individual for a full assessment, and treatment as appropriate.

1.3.1.5.3 Person-Centered and Family-Centered Treatment Planning: The Contractor shall directly provide person and family-centered treatment planning, including but not limited to risk assessment and crisis planning as stated in section 4.E of the Clinic Criteria. As required by Clinic Criteria 4.e.8 the Agency requires that the Contractor shall provide individualized treatment planning that supports the individual's desired participation in their community of choice.

4.e.1 – As a CCBHC, the Abbe Center plans to directly provide the Person-centered and Family-centered treatment planning. This process will include an assessment of Risks, and appropriate

Crisis Planning. This process will align with the requirements in Section 2402 of the Affordable Care Act that gives direction on engaging consumers to be involved and to be self-directing.

4.e.2 – An individualized person-centered plan or a family-centered plan will be used to integrate prevention, medical and behavioral healthcare needs. In the development of the plan, Abbe Center staff will work collaboratively with the individual, any family or significant others identified by the individual, or family/caregivers of youth and children.

4.e.3 – As a CCBHC, the treatment plan and services that are provided will be based on the consumer assessments.

4.e.4 – In an effort to make the treatment plan person-centered, the treatment planning will include needs, strengths, abilities, preferences and goals, ideally captured using the consumers own words or ideas, or those of the involved natural supports.

4.e.5 – The Person-centered or family-centered plan will be comprehensive to include all services required. It will include a method to monitor progress toward goals.

4.e.6 – If consultation is needed for a specific treatment issue, Abbe staff will seek out that consultation in order to develop a meaningful treatment plan.

4.e.7 – As part of the treatment planning process, individuals will be encouraged to share their preferences for advanced treatments and crisis management. If the individual declines to do so, that decision is documented.

4.e.8 – The individualized treatment planning will support the individual's desired participation in the community of their choice.

1.3.1.5.4 Outpatient Mental Health and Substance Use Disorder Services: The Contractor shall directly provide the following outpatient mental health and substance use disorder services

The Contractor shall respond to Clinic Criteria 4.f.2 under section 1.3.1.6.

- **Outpatient mental health and substance use disorder therapy and counseling-individual, family and group**
Abbe Center plans to directly provide outpatient mental health and substance use disorder therapy and counseling, including individual, family and group treatments.
- **Assessment and screening for mental health and substance-use disorders**
Abbe Center will directly provide assessment and screening for mental health and substance use disorders. Screenings and assessments will be age appropriate and considerations will be given to the individual's cognitive or developmental needs to ensure their full participation in the process.
- **Psychiatry**
Abbe Center will directly provide Psychiatry services with licensed MD's and DO's for evaluations and medication management services.
- **Medication management by a licensed prescriber**

Abbe Center will also directly provide medication management services with licensed Advanced Registered Nurse Practitioners and Physician Assistants with specialized training in behavioral health.

- **MAT (Buprenorphine)**

The Abbe Center will directly provide MAT services, specifically Buprenorphine. Other MAT services may be provided directly or through a DCO.

4.f.1 – As a CCBHC, Abbe Center plans to directly provide outpatient mental health and substance use disorder therapy and counseling, including individual, family and group treatments. Abbe Center will seek to offer treatment using an evidenced based approach, and to provide those services that address the needs in the individualized treatment plan. If the specific needs of a consumer requires specialized treatment not available at Abbe Center, we would seek to develop a referral relationship with a specialized treatment provider.

4.f.3 – When providing treatments, the Abbe Center will take into consideration the individuals age and developmental needs. Treatment will be provided that is appropriate to the individual's phase of life (i.e. children vs adult vs geriatric) and functioning level (any cognitive disabilities). Abbe Center will seek out specialized trainings as appropriate to best prepare staff to work with segments of the population.

4.f.4 – When working with children and adolescents, Abbe staff will use a family/caregiver-driven and youth driven approach that is appropriate to the individual's development stage. Treatment will address family/caregiver, school, medical, mental health, substance abuse, psychosocial and environmental issues as outlined in the CCBHC scope of work expectations

1.3.1.5.5 Outpatient Clinic Primary Care Screening and Monitoring: The Contractor shall provide outpatient clinic primary care screening and monitoring of key health indicators and health risk, either directly or through a DCO as outlined in section 4.G of the Clinic Criteria.

4.g.1 – In an effort to focus on prevention, as a CCBHC, Abbe Center will screen for established or needed primary care services. As part of our screening process, Abbe staff will collect and monitor key health indicators (i.e. height, weight, BMI, blood pressure) and health risks (tobacco use status, alcohol or drug use) and provide appropriate interventions. If a health status concern is identified that is not identified in the required measures, it would not preclude us from assessing and referring for appropriate services. When primary health care services are needed, Abbe staff will coordinate to make sure timely services are received.

1.3.1.5.6 Integrated Health Home Services (IHH): The Contractor shall directly or through DCO provide IHH services that meet the criteria stated in section 4.H Targeted Case Management of the Clinic Criteria , the criteria listed in this Scope of Work, and the CCBHC Care Coordination chart located in the bidder's library.

4.h.1 – Abbe Center will directly provide CCBHC Care Coordination for all individuals eligible for CCBHC services. Care Coordination activities will include providing assistance to individuals in gaining access to needed medical, social, legal, education and other services and supports that are needed based on an individualized assessment. For those individuals that are eligible for IHH services, Abbe will directly provide these services to transitioning youth and adults with a serious mental illness. We plan to develop an Agreement with Four Oaks for the provision of Pediatric Health Home services for Children with a Serious Emotional Disturbance.

Special focus will be on providing assistance to those at risk for suicide and on coordination during times of transitional care when high levels of care have been utilized (i.e. Crisis services, ED, inpatient, or residential care). IHH services will comply with the State Plan Amendment and any contractual requirements governing Medicaid funded IHH services.

1.3.1.5.6.1 The Contractor shall provide IHH Care Coordination to Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

- Abbe Center will plan to provide IHH case coordination services to individuals that would qualify, regardless of Medicaid eligibility.

1.3.1.5.6.2 The Contractor shall provide IHH intense community service case management services to all Individuals in the CCBHC program who meet eligibility criteria regardless of Medicaid eligibility.

- Abbe Center would plan to provide IHH intensive community service case management to individuals in the CCBHC who meet eligibility criteria, regardless of Medicaid eligibility.

1.3.1.5.6.3 The Contractor shall provide IHH intense community service case management services to Individuals in the CCBHC program who are at high risk of suicide, particularly after discharge from an emergency department, regardless of diagnosis and funding until the Individual is no longer considered high risk or is connected with necessary services for stabilization.

- Abbe Center would plan to provide IHH intensive community service case management to individuals in the CCBHC who are at high risk of suicide, particularly after discharge from an emergency department, regardless of diagnosis and funding until the individual is no longer considered high risk or is connected with necessary services for stabilization.

1.3.1.5.7 Substance Use Disorder Case Management: The Contractor shall directly or through DCO provide case management services to Individuals with Long-Term Substance Use Disorders. The criteria for SUD case management is located in the bidder's library.

- The Abbe Center plans to provide SUD Case Management through a DCO agreement with Area Substance Abuse Council. The DCO Agreement will ensure that the requirements under the Substance Use Disorder Case Management criteria are met.

1.3.1.5.7.1 The Contractor shall submit a final plan for Agency review and approval by September 1, 2016 describing the Contractor's approach to provision of SUD case management to individuals in the Targeted Population with Long-Term Substance Use Disorders.

- The Abbe Center would agree to submit a final plan to the State by the September 1, 2016 deadline. This plan would outline our approach to the provision of SUD case management to individuals with a long-term substance use disorder as agreed to with the DCO.

1.3.1.5.8 Psychiatric Rehabilitation Services: The Contractor shall provide Psychiatric Rehabilitation services as stated in section 4.i.1 of the Clinic Criteria. The Agency has identified the Psychiatric Rehabilitation Approach (PRA) developed by Boston University as the selected evidence-based practice. The Contractor shall be accredited through 441 Iowa Admin. Code ch. 24 as an Intensive Psychiatric Rehabilitation (IPR) provider by September 15, 2016. IPR accreditation standards are located in 441 Iowa Administrative Code Ch. 24.

- The Abbe Center would plan to directly provide the Psychiatric Rehabilitation services. Abbe Center has 3 staff members that have been trained in the Boston Model of IPR and has a current accreditation through 441 Iowa Administrative Code Ch. 24 accreditation for the service provision of IPR. The Abbe Center has 1 staff member that is trained as an IPR Trainer, therefore allowing us to continue to train additional staff members as needed.

1.3.1.5.9 Peer Supports, Peer Counseling and Family/Caregiver Supports: As required by Clinic Criteria 4.j.1 the Contractor shall offer the following services either directly or through DCO: Peer Support Services, Family Peer Support Services, and Peer Recovery Coaching.

- The Abbe Center plans to directly provide Peer Support and Peer Counseling services. The Abbe Center currently has 12 Peers that work within our agency. Peer support is currently provided 3 ways: through IHH, through the Wellness Recovery Center, and through fee-for-service Peer Support. If selected as a CCBHC, Abbe Center would plan to have one of our Peers who has lived experience with substance abuse, obtain the required Peer Recovery Coaching training through IDPH. In addition to this, Abbe Center will plan to work with the Area Substance Abuse Council as a DCO for the provision of Peer Recovery Coaching. The Abbe Center plans to work with Four Oaks for the provision of Family Peer Support Services.

1.3.1.5.10 Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans: The Contractor shall ensure the provision of intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans. The Contractor shall provide care to veterans as stated in section 4.K of the Clinic Criteria and the clinical guidelines contained in the *Uniform Mental Health Services Handbook* located in the bidder's library.

Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veteran:

4.k.1 – There is a VA Medical Center located in Iowa City, which is approximately 23 miles from Cedar Rapids. In addition, there is an Outpatient Medical office located in Cedar Rapids which provides primary and behavioral healthcare to Members of the Armed Forces and Veterans. The vast majority of the Members of the Armed Forces and Veterans are served by these 2 entities, however, if an individual initiates services at the Abbe Center, we would provide services. The Abbe Center has reviewed the clinical guidelines contained in the *Uniform Mental Health Services Handbook*, and will provide care consistent with these guidelines.

4.k.2 – Each individual initiating services at the Abbe Center will be asked if they have ever served in the US military. If they are currently active duty, they will be educated to use their Military Treatment Facility (MTF) for primary care. Abbe Center staff would contact their MTF Primary Care Manager for any referrals outside of their MTF. If they are former military (Veterans), Abbe Center will offer assistance to enroll in Veterans Health Administrative

services. If they decline to use or are ineligible for VHA services, Abbe Center will provide services consistent with the minimum clinical guidelines contained in the Uniform Mental Health Services Handbook.

4.k.3 – If a Member of the Armed Forces or Veteran seeks services at the Abbe Center, we will ensure the integration and coordination of substance use disorder services, mental health services, and other components of healthcare for Veterans through our Care Coordination activities.

4.k.4 –The electronic Health record allows Abbe Center to identify a Primary Clinician for individuals that are participating in more than one service. This person is identified as being responsible for ensuring regular contact is made and that the agreed upon treatment plan is monitored and updated as appropriate. This Primary Clinician is responsible for the communication and coordination of services amongst the established treatment team. The Psychiatrist that is part of the treatment team will be responsible for the direct clinical care and reconciliation of medications on a regular basis. If an individual is determined to be at risk for losing their decision making capacity, Abbe Center staff will discuss the information regarding the Advanced Care Planning documents in the VHA Handbook 1004.2

4.k.5 – As with all services provided as a CCBHC, Abbe Center will take a recovery oriented approach with Members of the Armed Forces and Veterans. Abbe Center is familiar with SAMHSA 10 Guiding Principles of Recovery, and are committed to providing services that follow those guidelines in an effort to improve health and wellness and to assist individuals to reach their full potential.

4.k.6 – Abbe Center will ensure that all behavioral healthcare will be provided with cultural competence. Any staff member that is not a Veteran, but may provide services to a Veteran or military member, will have training on the military and veteran's culture in order to better understand the unique experiences and contributions of those who have served our country. Abbe Center did obtain training on the Mental Health First Aid for Veterans, so that we could provide in-house training to our staff.

4.k.7 – As indicated earlier in this proposal, the treatment planning process for Veterans will be consistent with CCBHC criteria. This process will include gathering input from the Veteran and their Family members, based on diagnosis, evidenced based interventions, monitoring outcomes, improving functioning, preventing relapse, and be recovery oriented.

1.3.1.6 Evidence-Based Practices (EBP): The Contractor shall provide the following Evidence-Based Practices identified by the Agency: Assertive Community Treatment (ACT), Medication-Assisted Treatment (MAT), Motivational Interviewing (MI), psychiatric rehabilitation approach (PRA) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Motivational Interviewing, designated MAT practices, and Trauma-Focused Cognitive Behavioral Therapy shall be provided directly by the CCBHC as part of required outpatient mental health and substance use disorder services.

4.f.2 – The State has identified a number of evidence based practices that must be provided by the CCBHC, or through a relationship with a DCO. It is intent of Abbe Center to directly provide the required EBP's: Assertive Community Treatment, Medication Assisted Treatment, Psychiatric Rehabilitation, Trauma-Focused Cognitive Behavioral Therapy, and Motivational Interviewing. Abbe Center is also currently implementing the following EBP's: Supported Housing,

RAISE/NAVIGATE services for individual's experiencing a first episode of psychosis, and Illness Management Recovery.

1.3.1.6.1 EBP Training and Technical Assistance: The Contractor shall participant in Agency sponsored training and technical assistance on the Agency selected EBPs. Information on training and technical assistance regarding each EBP is located on the Agency's website.

- Abbe Center agrees to participate in all of the States sponsored training and technical assistance on the selected EBP's. Abbe Center has already participated in the training and TA for Assertive Community Treatment services, and will plan to continue to do so in future trainings.

1.3.1.6.2 EBP Fidelity: The Contractor shall report to the Agency evidence of meeting model fidelity for each EBP by Sept. 15, 2016. Ongoing fidelity monitoring will occur throughout the contract. The Contractor shall provide proof of fidelity to EBP models at a minimum of annually or at the request of the Agency. The Agency reserves the right to require additional proof of fidelity including, but not limited to, independent verification of EBP fidelity.

- If selected as a CCBHC, the Abbe Center will submit fidelity scores to the State by the Sept 15, 2016 deadline. Abbe agrees to provide proof of fidelity when requested by the State, or at least annually.

1.3.1.6.3 Assertive Community Treatment (ACT): The Contractor shall directly or through DCO provide an ACT program that provides intensive services and supports to individuals with Serious Mental Illness. ACT programs shall comply with standards in 441 Iowa Admin Code § 77.38 and §78.45(249A).

- The Abbe Center will plan to directly provide Assertive Community Treatment services to individuals with a serious mental illness that require that level of intensive services and supports. The Abbe Center has been providing ACT services since 1997. We currently have a multidisciplinary team that provides services to 80 individuals. In 2016 our team underwent a fidelity review by the MHDS East Central Region staff and received an overall score of 4.25 (scale of 1-5). ACT services are provided in accordance to the 441 Iowa Administrative Code 77.38 and 78.45(249A).

1.3.1.6.4 Medication Assisted Treatment (MAT): The Contractor shall meet the criteria identified in the MAT Criteria document located in the bidder's library. The Contractor shall have practitioners on staff or through DCO certified in and providing MAT services. The Contractor is required to directly prescribe Buprenorphine. Access to other MAT medications shall be provided directly, through DCO or referral.

1.3.1.6.4.1 The Contractor shall directly employ a credentialed prescriber of Buprenorphine. If the Contractor does not currently employ a credentialed prescriber, the Contractor shall engage and assist at least one of its physicians in applying for the buprenorphine waiver management physician waiver process.

As noted previously in this proposal, if selected as a CCBHC, the Abbe Center's Medical Director will take the courses required, and complete the waiver application to become certified in MAT, specifically for the ability to prescribe Buprenorphine. Our intention would be to provide this service directly, but also to develop a DCO with Area Substance Abuse Council in the provision of access to other MAT medications.

1.3.1.6.4.2 The Contractor shall meet all federal, state and local laws governing the chosen medications.

Abbe Center is aware of the expectation to meet all federal, state and local laws governing medications chosen for MAT services.

1.3.1.6.4.3 The Contractor shall directly provide evidence-based counseling services to individuals receiving MAT services regardless of whether the medication is being administered directly by the CCBHC, by a DCO, or referral organization.

As a CCBHC, the Abbe Center will directly provide evidenced-based counseling services such as cognitive behavioral therapy to individuals receiving MAT services, whether the MAT services are provide within Abbe, or at the DCO collaborating with us

1.3.1.6.5 Motivational Interviewing (MI): The Contractor shall have practitioners on staff certified in and utilizing Motivational Interviewing.

Abbe Center has staff members currently trained in Motivational Interviewing. Upon hire, all clinical staff are provided with an overview of motivational interviewing to assist them in their treatment, through the use of internal training.

1.3.1.6.6 Psychiatric Rehabilitation Approach (PRA): The Contractor shall directly or through DCO provide Psychiatric Rehabilitation using the psychiatric rehabilitation approach model developed by Boston University.

Abbe Center will directly provide IPR services. As indicated earlier in this proposal, Abbe Center follows the Boston University model of IPR, have trained staff in this area, and are currently accredited under 441 IAC Ch. 24 for the provision of this service.

1.3.1.6.7 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): The Contractor shall have practitioners on staff certified in and utilizing Trauma-Focused Cognitive Behavioral Therapy.

Abbe Center currently has staff members trained in TF-CBT, and are preparing to take their certification test. Staff attended a 5 day intensive training in this evidenced based model of treatment.

1.3.1.7 Quality and Other Reporting: The Contractor shall collect and report quality measures found in the Clinic Criteria Appendix A Tables 1 and 2 to the Agency and the entity selected by SAMHSA to complete the National Evaluation. Quality measures are determined by SAMHSA and subject to change pending federal approval. The Contractor shall comply with the data collection and quality improvement requirements in sections 5.A through 5.B in the Clinic Criteria. The

following measures have been identified by SAMHSA as removed from the list of required measures in the Clinic Criteria:

- Number/Percent of clients requesting services who were determined to need routine care
- Mean number of days before the comprehensive person-centered and family centered diagnostic and treatment planning evaluation is performed for new clients
- Number of Suicide Deaths by Patients Engaged in Behavioral Health (CCBHC) Treatment
- Documentation of Current Medications in the Medical Records
- Controlling High Blood Pressure
- Number of Suicide Attempts Requiring Medical Services by Patients Engaged in Behavioral Health (CCBHC) Treatment
- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications
- Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder

Criteria 5.A: Data Collection, Reporting and Tracking:

5.a.1 – The Abbe Center has an electronic health record (Cerner Anasazi) that is used to collect and track data. We will comply with the requirement to report data to the State and to the entity selected by SAMHSA to complete the national evaluation. We are still learning to use our EHR to full capacity, and may need to use a consultant to help us best develop our data collection responsibilities. Cerner does have the ability to collect data on consumer characteristics, staffing, access to services, use of services, screening and treatment, care coordination, costs and consumer outcomes.

5.a.2 – Abbe Center is aware that reporting is annual and that the data would be required to be reported for all CCBHC consumers, or is to include all Medicaid enrollees if the measure is based on claims data.

5.a.3 – The Abbe Center will collect releases of information for any CCBHC consumer that accesses services through a DCO. We understand that it is the responsibility of the Abbe Center to work collaboratively with the DCO's to access the information necessary to track and report on data to the State. Our DCO agreements are still in process of development, pending the details in the PPS decisions.

5.a.4 – Abbe Center understands that the State has national reporting requirements and we are willing to work collaboratively to the extent that the CCBHC is responsible for the provision of data. If requested, Abbe Center will participate in discussions with the National evaluation team.

5.a.5 – Abbe Center is aware of the requirement to submit a cost report with supporting data within 6 months after the end of each demonstration year to the State, or to HHS and the national evaluator. We understand that the State will review this submission and with any clarifying information, submit the data to CMS. Abbe Center will work with the State collaboratively to ensure that data is submitted on time.

Criteria 5.B: Continuous Quality Improvement (CQI) Plan:

5.b.1 – The Abbe Center currently has an active CQI Team that meets regularly to conduct data-driven activities that help us manage and improve clinical services and clinical management. Abbe Center has an identified Director of Quality Improvement, and the CQI team develops and evaluates goals on an annual basis. The CQI activities include the use of Rapid Cycle Change Teams and work groups to ensure dedicated time and energy is put in to improvement activities. The activities planned and carried out are based on identified areas in need of improvement. As a CCBHC, the Abbe Center will continue to address priority areas for improved quality of care and client safety. There will be an emphasis on both behavioral and physical health outcomes. Current CQI work groups are focusing on the improvement in access to Medication Management services, and the implementation of interdisciplinary teams within Abbe.

5.b.2 – As a CCBHC, the Abbe Center would need to expand the current CQI Plan to include additional new measures such as the number of CCBHC consumer suicide deaths or suicide attempts. We currently track deaths, but not suicide attempts. We will also need to work with our Community Partners to ensure that we are tracking 30 day readmissions for psychiatric and substance use reasons. We currently track this for individuals in IHH, but we understand the need to track this for all CCBHC consumers. We understand that the State may ask us to address additional specific activities in CQI as part of a remediation plan.

1.3.1.8 Organizational Authority, Governance, and Accreditation: The Contractor shall meet the standards in the Clinic Criteria 6A through 6.c.2.

Criteria 6.A: General Requirements of Organizational Authority and Finances

6.a.1 – The Abbe Center is a non-profit organization, exempt from tax under Section 501(c)(3) of the US Internal Revenue Code. The Abbe Center maintains documentation of this non-profit status.

6.a.2 – The geographic area that Abbe Center proposes to serve through the CCBHC does not include any Indian Health Services, Indian tribe or tribal organizations. Based on the demographic data of the area, the AI/AN consumers are less than 1%.

6.a.3 Abbe Center completes an independent financial audit each year, in accordance with federal audit requirements and will continue to do so annually. Should any material weakness, questioned costs or reportable conditions be cited, Abbe Center will submit a corrective action plan.

Criteria 6.B: Governance

6.b.1 Abbe Center strives to maintain board membership that is representative of the demographics of the individuals being served, to include race, ethnicity, sex, gender identity, age, disability, sexual orientation and individuals/family with lived experience. Many board members who are either family members of consumers or individuals who have been consumers of services, choose to remain anonymous. Currently 42% of Board Members either identify as an individual with lived experience, or are family members of individuals with lived experience with

mental illness and/or substance use. In addition to input from board members, Abbe Center utilizes consumer (including individuals in recovery) and family Focus Groups. As a CCBHC, Abbe Center would work to formalize an Advisory Committee structure that would review services, processes and policy considerations. Input from the Advisory Committee will be shared with board members regarding programs, services and operations of the Center.

6.b.2 Abbe Center management and board will analyze the current board membership in relationship to the criteria stated in 6.b.1 and the demographic information of the area. Gaps in representation will be identified. Abbe Center will target recruitment of board members to fill such gaps. Abbe Center will also create an on-going Advisory Committee of consumers, individuals in recovery and family members to discuss services, policy and procedures with routine input at board meetings.

6.b.3 Not Applicable

6.b.4 As described above, efforts will be made to enhance board membership and also create additional mechanisms for consumer and family input.

6.b.5 Abbe Center board members currently represent health care (retired), banking/finance, school administration, community volunteers, retired business, legal affairs and local county government. No current members derive more than 10% of their annual income from the healthcare industry.

6.b.6 Abbe Center will provide information as requested by the State to verify these criteria are met.

Criteria 6.C: Accreditation

6.c.1 Abbe Center will adhere to any applicable state accreditation, certification and/or licensing requirements, as outlined below in **1.3.1.8.1**.

6.c.2 Should the state request that the CCBHC pursue accreditation from a nationally recognized organization, Abbe Center will consider this.

1.3.1.8.1 For criteria 6.c.1, the Contractor shall be accredited as a CMHC or an MHSP under 441 Iowa Administrative Code ch. 24; shall be licensed as a substance use disorder treatment program providing outpatient treatment licensed program services under 641 Iowa Administrative Code ch. 155; and shall complete the Agency's Certification Process by October 1, 2016.

Abbe Center for Community Mental Health is a non-profit 501(c)(3) organization and is accredited under 441 Iowa Administrative Code chapter 24. Current accreditation expires 6-30-18. Abbe Center is in the process of applying for licensure as a substance use disorder treatment program to provide outpatient treatment services under 641 Iowa Administrative Code chapter 155. Abbe Center will work to complete the Agency Certification Process for a CCBHC by October 1, 2016.

1.3.1.8.2 The Contractor shall participate in quarterly Agency certification compliance reviews. The certification reviews may be face to face, web-based, or telephonic meetings.

Abbe Center agrees to participate in quarterly Agency certification compliance reviews. We understand that these reviews may be face-to-face, web-based or telephonic.

1.3.1.9 Grievance System: The Contractor shall establish an internal grievance procedure available to Applicants, Eligible Individuals and network providers.

Abbe Center has policies and procedures for complaints and grievances for both staff and for individuals seeking or utilizing services. Current complaint/grievance procedures are provided in writing to individuals upon the initiation of services, and are posted in the waiting rooms. Policies will be reviewed to incorporate network providers.

1.3.1.10 Prospective Payment System: The Contractor shall meet the standards for submission of cost reports in Clinic Criteria 5.a.5 and the CCBHC Cost Report Instructions document located in the bidder's library. The Agency has selected PPS – 1 as its payment methodology.

1.3.1.10.1 The Contractor shall submit a completed cost report for the Agency's approval by September 15, 2016 as part of the Certification Process.

Abbe Center will submit a completed cost report utilizing the PPS 1 payment methodology and Cost Report Instructions located in the bidder's library. Should Abbe Center be selected as a CCBHC, we would respectfully request technical assistance in PPS methodology.

1.3.1.10.2 The Contractor shall submit a cost report with supporting data annually. Cost reports are due to the Agency for review and approval no later than six months following the end of each Demonstration Program year.

Abbe Center will submit a cost report with supporting data annually, no later than 6 months following the end of each of the Demonstration Program year.

1.3.1.11 Monthly reporting: The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

Abbe Center will submit a written report to the Agency's contract manager that specifies progress on deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support the CCBHC goals. Also included will be a summary of stakeholder meetings, advisory committee and governing board meetings. Reports will be submitted by the 15th of each month following the month reported on.

Agency Responsibilities.

The Agency is responsible for:

- Initial certification of CCBHC contractors' during the Planning Grant period
- Ongoing monitoring of CCBHC contractors' compliance with certification during the Demonstration Grant period
- Completion of a needs assessment for each CCBHC contractor's catchment area

- Completion of an initial staffing plan for each CCBHC contractor
- Provision of training and technical assistance during the CCBHC Planning Grant period ending October 22, 2016 and any post-grant extension period approved by SAMHSA, dependent on available funding
- Monitoring and oversight of the PPS
- Participation in the National Evaluation and coordination of required data collection from CCBHC contractors
- Liaison with SAMHSA on all grant-related matters

1.3.2 Performance Measures.

1.3.2.1 The Contractor shall update the initial needs assessment completed by the Agency and submit to the Agency for approval by July 1, 2018.

If selected as a CCBHC, the Abbe Center agrees to update the initial Needs Assessment and will submit it to the State by July 1, 2018.

1.3.2.2 The Contractor shall submit a final staffing plan to the Agency for review and approval by September 15, 2016. The Contractor shall submit an updated training plan to the Agency for review and approval by July 1, 2018.

If selected as a CCBHC, the Abbe Center agrees to submit a final staffing plan to the State for review and approval by Sept 15, 2016. We will also agree to submit an updated plan to the State by July 1, 2018.

1.3.2.3 The Contractor shall submit a final training plan to the Agency for review and approval by September 15, 2016.

If selected as a CCBHC, the Abbe Center will submit a final training plan to the State for review and approval by Sept 15, 2016.

1.3.2.4 The Contractor shall meet clinic access times frames identified in the Clinic Criteria and in section 1.3.1.2.1 for treatment of Emergency, Urgent, and Routine needs 80% of the time on a monthly basis. The Contractor shall provide documentation to the Agency of this measure on a quarterly basis during the Demonstration period. The first submission is due to the Agency on the 20th of the month following the first 3 months of operation of the CCBHC during the Demonstration period and every 3 months afterward.

If selected as a CCBHC, the Abbe Center will submit documentation to the State on a quarterly basis as outlined in performance measure 1.3.2.4 - access measures for emergency, urgent and routine needs.

1.3.2.5 The Contractor shall submit the Care Coordination policy referenced in Section 1.3.1.3.1 to the Agency for review and approval by September 15, 2016.

If selected as a CCBHC, the Abbe Center will submit a Care Coordination policy for review and approval by September 15, 2016.

1.3.2.6 The Contractor shall submit to the Agency for review and approval the plan referenced in Clinic Criteria 3.b.5 by July 1, 2018. This plan is to address ways to improve Care Coordination between the CCBHC and all DCOs using a health information technology system.

If selected as a CCBHC, the Abbe Center will work with all DCO's on ways to improve care coordination activities using health information technology, and will submit a plan to the State by July 1, 2018.

1.3.2.7 The Contractor shall submit to the Agency for review and approval the final plan for SUD case management referenced in Section 1.3.1.5.7.1 by September 15, 2016.

If selected as a CCBHC, the Abbe Center will submit the final plan for SUD case management to the State for review and approval by Sept 15, 2016.

1.3.2.8 The Contractor shall submit to the Agency for review and approval evidence of meeting model fidelity for each required EBP by September 15, 2016, January 3, 2017, and January 2, 2018.

If selected as a CCBHC, the Abbe Center agrees to submit fidelity scores for each EBP to the State for review and approval by the above designated timeframes.

1.3.2.9 The Contractor shall increase availability of MAT services in the catchment area as evidenced by a 25% increase in the numbers of Individuals receiving MAT during the second year of the Demonstration period compared to the first year and by increasing prescriber capacity to prescribe MAT medications as identified in the MAT criteria document and in section 1.3.1.6.4.

If selected as a CCBHC, the Abbe Center will work to increase the availability of MAT services in the catchment area, between year one and year two.

1.3.2.10 The Contractor shall demonstrate participation of Individuals with a Serious Mental Illness, adults recovering from substance use disorders and family members of CCBHC consumers in the governance of the CCBHC. The Contractor shall provide meeting minutes, board rosters, and other documentation that demonstrates compliance with criteria 6.B of the Clinic Criteria.

Abbe Center will work to ensure participation of Individuals living with a Serious Mental Illness, adults recovering from substance use disorders and family members of CCBHC consumers in the governance of the Center by providing meeting minutes, board rosters and other documentation as requested.

1.3.2.11 The Contractor shall submit a completed cost report for the Agency's review and approval by September 1, 2016.

If selected as a CCBHC, Abbe Center shall submit a completed cost report for the Agency's review and approval by September 1, 2016.

1.3.2.12 The Contractor shall provide a written report by the 15th of each month following the month reported on to the Agency's contract manager. The Contractor shall report on progress toward meeting Deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support CCBHC goals, community collaborations, and summary of stakeholder and governing board meetings.

If selected, Abbe Center will submit a written report to the Agency's contract manager that specifies progress on deliverables, barriers encountered, training and technical assistance received or provided by the CCBHC that support the CCBHC goals. Also included will be a summary of stakeholder meetings, advisory committee and governing board meetings. Reports will be submitted by the 15th of each month following the month reported on.

1.3.3 Contract Payment Methodology.

The Contractor's reimbursement is limited to Medicaid reimbursement for Medicaid-reimbursable CCBHC services that are provided to Medicaid members during the Demonstration Program period. Reimbursement is contingent on the Agency being awarded a grant for the Demonstration Program. The Agency anticipates grant award notification from SAMHSA in January 2017. If awarded a Demonstration Program grant, the Iowa CCBHC Demonstration Program is projected to occur from July 1, 2017 to June 30, 2019. Medicaid reimbursement for Medicaid-eligible members shall be calculated using the PPS-1 methodology. No other reimbursement shall be made as a result of this contract. If the Agency is not awarded a Demonstration Program, this Contract shall be terminated upon formal notification by SAMHSA on non-award of the grant. Contractor certification as a CCBHC is required to receive Medicaid reimbursement for CCBHC services. A Contractor's non-compliance with Agency certification requirements could result in decertification of the Contractor as a CCBHC.

If selected as a CCBHC as a result of this proposal, the Abbe Center understands the contract payment methodology should Iowa be awarded a Demonstration program. Should Iowa not be awarded a Demonstration program, this contract would be terminated as a non-award of the contract.

Information Bidders Must Submit That is Specific to This RFP.

3.2.4.2 A description of the proposed CCBHC catchment area as referenced in Section 1.3.1.1.1 of the RFP

The Abbe Center proposes to provide CCBHC services in the Linn County catchment area as described in 1.3.1.1.1. This area is considered urban. The demographic data of our current consumer base is consistent with the demographics of Linn County. The majority of the population is Caucasian, English speaking. We do see a growth in the population for Black African Americans, and for individuals that speak Swahili in our catchment area.

3.2.4.3 A proposed staffing plan as referenced in Section 1.3.1.1.3 of the RFP.

In addition to the current staff at the Abbe Center (as detailed in section 1.3.1.1.3), we would need to add at a minimum staff with expertise in certain areas. We would anticipate needing to add:

- 2 additional staff members with CADAC certification
- 1 additional Psychiatrist for Medication Management services
- 1 additional Part time Psychiatrist certified in MAT
- 1 Nurse / Physician Support
- 1 Family Peer Support
- 1 Peer Recovery Coach
- 1 Substance Use Case Manager
- 1 additional Care Coordinator for non-Medicaid IHH services
- 1 staff member with IT/Data expertise
- 1 Project Manager

Additional staff members may be identified during the Needs Assessment conducted by the State.

3.2.4.4 A proposed staff training plan as referenced in Section 1.3.1.1.4 of the RFP.

Abbe Center currently has a fairly robust orientation, but as a CCBHC, it is proposed that our Training Plan be enhanced. As described in Section 1.3.1.1.4, the Abbe Center would propose to include the following training topics:

- Enhanced training on Cultural competency
- Person-Centered and Family-Centered treatment planning
- Trauma Informed Care – Part I and Part II
- Total Wellness – Principles of Integrated care
- Risk Assessments, Suicide Prevention and Response
- Special populations – Veterans, Limited English speakers, etc.
- Enhanced training on therapeutic approaches for individuals with complex needs such as Motivational Interviewing, Trauma Informed Care

It is noted that this enhanced training will be provided to all current employees and new employees at orientation and within the first 6 months of employment. It will also be provided to contract staff, and staff at DCO's that will provide CCBHC services.

Training may be provided in person by in-house trainers, through arrangement of Trainers with expertise outside the agency, through webinars, and through on-line courses. Staff will be encouraged to continue to earn the Certificates of Excellence that align with the CCBHC training content areas, available through Relias Learning.

3.2.4.5 A copy of its intake/referral form, risk assessment tool, description of current intake process and list of languages that the Bidder makes the intake paperwork available to the public.

A referral form is not required to access services at the Abbe Center. We follow a "Same Day Access" model. Individuals are given the option to simply walk in on the day and time that works for them to establish care at our Agency. As described in Section 2.b.1, individuals initially meet with an Intake Clinician who will screen for emergency, urgent and routine needs. Intake information gathered from the individual is entered directly into the electronic health record and signature acknowledgements are scanned in. Written initial agency information given to the client is only available in English at this time, however, we will pursue getting this translated into languages such as Braille, Spanish and Swahili. The current Risk Assessment is completed during the Diagnostic interview by a licensed Clinician during the Same Day Access appointment. Please refer to copy of the Assessment/Evaluation form – **Attachment #1**. In addition, risks are assessed in each subsequent session and documented in the progress note. Both forms were approved during our last Accreditation Survey.

3.2.4.6 A description of current access time frames as referenced in Section 1.3.1.2.1 of the RFP.

Abbe Center has modified our scheduling to include unscheduled appointment slots that are held open throughout the week to accommodate emergency or urgent needs that meet the timeframes required in this RFP. The need for those appointments are triaged through our Nursing Support team. For Routine needs, we are able to get individuals in within 10 days to see a Licensed Therapy Clinician. Currently we are finding it challenging to get appointments scheduled for those with routine needs within the 10 day timeframe for a Medication Management service. We are in the process of expanding our Telehealth services to meet this guideline.

3.2.4.7 A copy of its sliding fee scale and disaster plan.

Please see **Attachment #2** for a copy of the sliding fee scale based on the Federal Poverty Level. Also refer to **Attachment #3** for a copy of the Agency Disaster Plan.

3.2.4.8 A list of proposed and current care coordination agreements as referenced in Section 1.3.1.3.3 of the RFP.

Current Care Coordination Agreements (or MOU's) include:

- Eastern Iowa Health Center (Primary Care)
- Penn Center
- Four Oaks
- Mercy Medical Center
- St Lukes Unity Point

Proposed Care Coordination Agreements:

- Cedar Rapids Community School District
- Aging Services
- Waypoint Services (shelter)
- Affordable Housing Network

As appropriate, additional Care Coordination Agreements will be obtained.

3.2.4.9 A list of proposed or contracted DCOs as referenced in Section 1.3.1.4 of the RFP.

Proposed DCO's include:

- Foundation 2
- Area Substance Abuse Council
- Four Oaks Family and Children Services
- Penn Center Inc.

Additional DCO's could be developed as appropriate.

3.2.4.10 A list of Managed Care Organizations it is contracted with.

Abbe Center is currently in the Medicaid Provider Networks for AmeriHealth Caritas, Amerigroup, and United Healthcare.

3.2.4.11 A copy of its proposed standardized and validated screening tool as referenced in section 1.3.1.5.2 of the RFP.

Abbe Center plans to use the PHQ-9 (Patient Health Questionnaire) as a screening tool in addition to an internal comprehensive screening form, which includes a standardized substance use measure (CAGE). Please refer to **Attachment # 4** –proposed standardized and validated screening tools.

3.2.4.12 The Contractor's planned approach to provide CCBHC Substance Use Disorder Case Management as referenced in section 1.3.1.5.7.1 of the RFP.

If selected as a CCBHC, Abbe Center would plan to work with Area Substance Abuse Council under a DCO agreement for the provision of Substance Use Case Management. It would be expected that SU Case Management services be provided using a team based approach to individuals meeting the Moderate or Severe severity level for a long term substance use disorder. SU Case Management would be provided as appropriate regardless of Medicaid eligibility.

3.2.4.13 A list of current MAT medications available and a list of proposed MAT medications that will be available through the Clinic as referenced in Section 1.3.1.6.4 of the RFP. The Contractor shall identify which medications will be offered directly, through DCO, or through referral.

If selected as a CCBHC, Abbe Center proposes to have our Medical Director obtain the education and apply for a waiver in order to prescribe MAT, to include Buprenorphine. Other MAT services would be provided through a DCO Agreement with the Area Substance Abuse Council.

3.2.4.14 Documentation of its ability to meet cost reporting requirements as referenced in Section 1.3.1.10 of the RFP.

Abbe Center has a long history of completing cost reports in the Medicaid system. However, cost reporting under a PPS system is anticipated to be different. Thus, the Abbe Center would seek technical assistance and possibly outside consultation to complete.

3.2.4.15 Letters of support from behavioral health stakeholders and other private and public agencies in the proposed catchment area.

Please refer to **Attachments # 5** for copies of letters of Support.

ASSESSMENT/SOCIAL HISTORY/EVALUATION(updated 6/16)

Name:
Client #:
DOB:
Medicaid:
Date:
Time in/Time out:
Service Code:
Location:

A. Referral Source and Reasons for Referral:

B. Presenting Problem/Chief Complaint:

- a. Reason for and Circumstances leading to seeking Tx (symptoms, problems, etc. in their own words)
- b. Collateral Input (information from family, friends, others)

C. History of Present Illness/Age of Onset

- a. Chronological description of the development of the patients illness from first sign and/or symptoms
- b. Traumas, Past hospitalizations, Past Treatments

D. Past History (1-2 sentences for each item below)

- a. Family (parents, siblings, marriages, children)
- b. Cultural/Environmental (Attitudes/Behaviors that may interfere with treatment)
- c. Veteran status (current or past involvement, impact on individual)
- d. Psychosocial (housing, education, employment, financial, legal, social supports)
- e. Medical (have Primary Care established? allergies, medical conditions, nicotine use, caffeine use)
- f. For Children: Child Developmental History(Refer to child developmental history form)

E. Medications

- a. Prescribed, Prescribed by, any over the counter regularly used
- b. Currently taking yes/no / any concerns or side effects or drug allergies

F. Symptomatology:**Depression [5+ in 2 wk per]**

- ☐ Depressed mood
- ☐ Diminished interest/pleasure
- ☐ Weight loss/gain
- ☐ Insomnia/hypersomnia
- ☐ Psychomotor agitation/retard
- ☐ Fatigue/loss of energy
- ☐ Worthlessness/inapprop. guilt
- ☐ Loss of concentration
- ☐ Thoughts of death/suicide

Manic episode [3+]

- ☐ Grandiosity
- ☐ Decreased need for sleep
- ☐ More talkative than usual
- ☐ Racing thoughts/flight of ideas
- ☐ Distractibility
- ☐ Increased goal directed activity or agitation
- ☐ Excessive pleasure seeking with risk for consequences

**Generalized Anxiety [3+]
[1+ child]**

- ☐ Restlessness
- ☐ Easily fatigued
- ☐ Difficulty concentrating
- ☐ Irritability
- ☐ Muscle tension
- ☐ Sleep disturbance

Obsessive Compulsive D.O.**Obsessions:**

- ☐ Recurrent thoughts cause anxiety
- ☐ Not simply excess worry
- ☐ Attempts to ignore or suppress
- ☐ Knows are product of own mind

Compulsions:

- ☐ Repetitive Beh is response to obs. or to rigid rules
- ☐ Behavior aimed at reducing Anx. or preventing an event

Panic Disorder [4+]

- ☐ Palpitations
- ☐ Sweats
- ☐ Tremulousness
- ☐ Shortness of breath
- ☐ Feeling of choking
- ☐ Chest pain
- ☐ Nausea
- ☐ Dizziness/light headed
- ☐ Fear of losing control/crazy
- ☐ Derealization
- ☐ Fear of dying/heart attack
- ☐ Numbness
- ☐ Chills or hot flushes
- ☐ Agoraphobia

*w/o hx of Panic D.O.]

Social Phobia

- ☐ Fear of social/perform. situations

- ☐ Exposure provokes anxiety
- ☐ Recognizes fear is excessive
- ☐ Situation is avoided or endured with intense anxiety
- ☐ Avoid. interferes with routines

ADHD**Combined Type****Inattention [6+]**

- ☐ Fails to attend to details
- ☐ Poor attention to tasks
- ☐ Does not seem to listen
- ☐ Fails to complete tasks
- ☐ Poor organization
- ☐ Avoids tasks requiring sustained mental effort
- ☐ Loses things
- ☐ Easily distracted
- ☐ Forgetful in daily activities

Hyperactivity-Impul. [6+]

- ☐ Fidgets/squirms
- ☐ Leaves seat
- ☐ Runs/climbs excessively
- ☐ Difficulty playing quietly
- ☐ On the go
- ☐ Talks excessively
- ☐ Blurts out answers
- ☐ Difficulty waiting his turn
- ☐ Interrupts/intrudes on others

Conduct D.O. [3+ in last 12 months]**Childhood onset****Adolescent onset****Aggression**

- ☐ Bullies/threatens others
- ☐ Initiates physical fights
- ☐ Used a weapon in a fight
- ☐ Physically cruel to people
- ☐ Physically cruel to animals
- ☐ Stolen with confrontation
- ☐ Forced sexual activity

Destruction of property

- ☐ Fire setting to cause damage
- ☐ Deliberately destroyed property

Deceitfulness/theft

- ☐ Broke into house/car/building
- ☐ Lies
- ☐ Stolen without confrontation

Serious violation of rules

- ☐ Stayed out at night prior to 13
- ☐ Ran away overnight 2x's
- ☐ Often truant prior to age 13

ODD [4+ last 6 months]

- ☐ Often loses temper
- ☐ Argumentative
- ☐ Noncompliant/defiant
- ☐ Deliberately annoys others
- ☐ Blames others
- ☐ Touchy/easily annoyed
- ☐ Often angry and resentful
- ☐ Spiteful or vindictive

PTSD**[must have both of the following]**

- ☐ Suffered a traumatic event
- ☐ Intense fear/helplessness/horror

Re-experiences event [1]

- ☐ Intrusive recollections
- ☐ Distressing dreams
- ☐ Acts/feels as if event is occurring
- ☐ Distress re: cues of the event
- ☐ Physical reactivity to cues

Avoidance [3+]

- ☐ Avoids thoughts/feelings
- ☐ Avoids activities/places/people
- ☐ Unable to recall important aspect
- ☐ Diminished interest
- ☐ Feels detached from others
- ☐ Restricted range of affect
- ☐ Foreshortened future

Arousal [2+]

- ☐ Difficulty falling/staying asleep
- ☐ Irritability or anger outbursts
- ☐ Difficulty concentrating
- ☐ Hyper vigilance
- ☐ Exaggerated startle response

Anorexia Nervosa

- ☐ Refusal to maintain normal wt
- ☐ Fear of weight gain
- ☐ Distorted body image
- ☐ Loss of menstrual cycle

Bulimia Nervosa

- ☐ Binge eating
- ☐ Vomiting/laxatives/fasting
- ☐ [both occur 2 x's/week for 3 months]

Chron. Mot. or Voc. Tic D.O.

- ☐ Motor or Vocal tic [not both]
- ☐ Daily for one year
- ☐ Causes marked distress/impairment
- ☐ Onset prior to age 18

Transient Tic Disorder

- ☐ Single/multiple motor and/or vocal
- ☐ Daily for at least four wks but <1yr
- ☐ Causes marked distress/impairment
- ☐ Onset prior to age 18

G. Mental Status Assessment

Alert: Oriented:

Eye contact:

Behavior: Cooperative/Appropriate

Appearance: Groomed: Well _____ Dressed: Casually _____

Psychomotor Activity:

normal appropriate increased decreased

tics tardive fidgety restless

Mood:

neutral vacant anxious dysphoric/sad

euphoric elated elevated irritable

pleasant angry/hostile euthymic labile

Affect

broad (normal) full blunted sad suspicious

labile restricted flat depressed grandiose hostile

Facial Expressions:

Insight: OK _____ Judgment: OK _____

Competency (any cognitive impairments present that interfere with Treatment)

H. Risk Assessment (add info about after hours, foundation 2, what to do in a crisis)

- a. Suicide Risks (ideation, plan, means available, intention, safety plan)
- b. Homicide (ideation, plan, means available, intention, safety plan, duty to warn)
- c. Substance use/abuse (ask current, then past, safety plan)
- d. Domestic violence (ask current, then past, safety plan)
- e. Other Trauma (current/past physical, emotional, sexual abuse)
- f. Medical care needed (requiring a referral & follow up)
- g. Other identified Risks

I. Diagnosis

I.

II

III

IV

V

J. Strengths

- a. Client identified
- b. Therapist identified

K. Person-Centered or Family-Centered Treatment Plan (stated needs/wants/desired problem resolution/desired results for a Recovery Plan).

- a. Agreed Upon treatment (goals) to address chief complaint.
- b. Need for immediate services to address clinical care, referrals? (therapy, eval with doc)
- c. How will they know they have achieved their goals?
- d. Releases Obtained
- e. Referrals to be made

Abbe Center for Community Mental Health
Private Pay Sliding Fee Schedule

Attachment #2

FPL	co pay %	(percentage of a full charge)				
0% to 159%	5%					
160% to 169%	10%					
170% to 179%	20%					
180% to 189%	30%					
190% to 199%	40%					
200% to 209%	50%					
210% to 219%	60%					
220% to 229%	70%					
230% to 239%	80%					
240% to 249%	90%					
250% and more	100%					

2016 Federal Poverty Level Chart*

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL). Federally-facilitated Marketplaces will use the 2016 guidelines when making calculations for the insurance affordability programs starting November 1, 2015.

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,770	\$16,242	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,983	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$27,724	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$33,465	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$39,205	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$44,946	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,360

*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): <http://aspe.hhs.gov/poverty/14poverty.cfm>.

**Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs.

Every year, the perimeters of the Federal Poverty Level (FPL) increase based on the cost of living. Families need to understand where they fall on the FPL so they know whether they are eligible for Medicaid in their state or whether they are eligible for a federal subsidy because they earn between 100 and 400 percent of the FPL, or whether they are eligible for a tax credit because they purchased a Silver plan and earn less than 250 percent of the FPL.

To qualify for Cost-Sharing, one must be enrolled in a Silver level plan through a Marketplace

Cost-sharing reductions are not available for coverage purchased outside of the Marketplace.

Individuals and families with household incomes generally up to 250% of the FPL may be eligible to receive cost-sharing reductions. Household income is determined by calculating a consumer's modified adjusted gross income (MAGI). Members of federally recognized tribes may qualify for additional cost-sharing benefits.

ABBE CENTER FOR COMMUNITY MENTAL HEALTH

EMERGENCY/DISASTER ACTION PLAN

**520 Eleventh Street NW
Cedar Rapids, Iowa 52405**

I. Purpose

To set forth basic responsibilities and outline action to be taken to protect life and protect property during man made and/or natural disaster situations.

II. Situation

Local disasters such as fire, weather, explosions, utility outages, flood, chemical or radiological incidents may occur at any time and affect this building.

III. General Procedure

A. Responsibility for coordinating the Emergency Action Plan

1. A disaster control team has been established to carry out the Emergency Action Plan in the event of an actual disaster
2. Coordination of the Emergency Action Plan will be assumed in the following order as listed.

B. Disaster Control Team:

Emergency Action Plan Coordinators (for this site)

Kathy Johnson, Vice President/Executive Director
Kathy Koehn, Associate Executive Director, Outpatient Services
Kristine Karminski, Associate Executive Director, IHH
Dan Austin, Director Information Management
Theresa Graham-Mineart, Director Community Based Services
Kelsey Gauldin, Director, Support Services

C. Disaster Control Center

1. In the event of an actual disaster, a disaster control center will be set up in the mailroom area. If this area is affected by the disaster, a manager from the above list will designate a secure area for the disaster control center.

D. Receiving the Disaster Warning:

1. There are three potential sources of disaster warnings into the Building:
 - a. National Weather Service via weather radios
 - b. Local broadcast via commercial radio or television
 - c. Actual severe weather sighting

E. Disaster warning procedure during regular working hours:

1. A Coordinator will receive/monitor the initial warning and take appropriate action based on current information
2. The Coordinator that receives the initial warning will contact the other members of the Disaster Control Team listed on page 1
3. The Emergency Action Team will then plan for further duties and responsibilities

F. The All Clear:

1. Only the appropriate authorities can issue an all clear:
 - a. Fire Department/Sheriff's Department
 - b. Civil Defense/National Weather Service

IV. Duties of Staff Throughout Disaster

A. Emergency Action Plan Coordinator:

1. Verifies the nature and extend of the disaster
2. Coordinates the emergency actions within the building
3. Orders evacuation of the building if needed
4. Acts as liaison with emergency response teams

B. Vice President/Executive Director

1. Emergency Action Plan Coordinator
2. Makes all press releases

C. Support Staff

1. Forward telephone, remain in control center and assist as needed
2. For Fire or Bomb threat, call 911 and notify Coordinator
3. For all other emergencies, assist in control center as needed
4. Retrieve(if possible), schedules, money, scripts

V. Public Information

The Vice President or the designee will release information to the media or public concerning emergency activities at the building, as appropriate.

VI. Evacuation of the Building

A. Complete Temporary Evacuation

1. Employees/clients are removed from the building by any exit that is free of disaster and meet on E Avenue (across the street from ACCMH entrances) This type of evacuation may occur in the event of fire or bomb threat

VII. Fire Plan

A. Fire Alarm

1. When fire alarm is sounded, receptionist calls 911
2. Coordinators will clear their staff from office areas
3. Follow Evacuation of Building plan

B. Contain

1. Closing a door can prevent smoke from spreading and save lives to escape smoke filled areas, people should low crawl to safety
2. Make sure all fire doors are closed and remained closed
3. Do not reopen a door in a fire area once the door has been closed

C. Extinguish

1. Extinguish the fire only after the alarm has been announced, only with proper training, and only if safe to attempt

D. Fire Extinguisher

1. You must be properly trained by the County or by our Safety Officer or designee before using a fire extinguisher
2. Our building uses A B C dry chemical fire extinguishers, see below extinguishers that can be used for A B C fires
3. Attempt to use a fire extinguisher only if all the following apply:
 - a. The area is being evacuated
 - b. The fire department has been called
 - c. The fire is small and contained

- d. The exit is clear and you can fight the fire with your back to an exit
- e. The proper fire extinguisher is available
- f. You are trained and confident about using the fire extinguisher
- g. You can stay low and avoid breathing smoke
- h. WHEN IN DOUBT, GET OUT !

E. Classes of Fires

1. Class A – ordinary combustibles such as wood, cloth and paper
2. Class B - flammable liquids such as gasoline, oil and oil based paint
3. Class C - energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery and appliance
4. Class D - combustible metals such as magnesium or sodium

VIII. Severe Weather/Tornado

A. Weather Alert – severe weather/tornado watch is issued

1. Conditions are present for severe weather
2. All Staff should review their perspective duties in the Emergency Action Plan
3. Radios in the offices and the front desk should be turned on to monitor local weather

B. Severe Weather Warning

1. Coordinator or designee will announce the appropriate warning to clients in the waiting areas
2. Take cover immediately
 - a. Move to the Mailroom area or inner office with no windows (ex: medical records or transcription areas)

C. All Clear

1. A Coordinator or designee will alert the staff and clients that all is clear

IX. Duane Arnold Energy Emergency

1. A Coordinator or designee will alert staff and clients of the appropriate warning
2. ALL staff are to meet in the mailroom area
3. The Vice President or designee will brief the staff on the alert
4. Follow all duties as described in the Emergency Action Plan

5. Listen to WMT 600 or other radio stations for further information
6. The Abbe Center for Community Mental Health is located in sub area 16 (see attached map)

X. Phone Threats of Violence

A. If a caller threatens violence, keep the caller on the line and ask questions such as:

1. What do you plan to do?
2. How do you plan to do it?
3. When do you plan to do it?
4. Why do you plan to do it?
5. If a bomb or other device – What does it look like?

B. Have another employee contact a Coordinator to inform them of the Situation

C. Be aware of voice characteristics:

1. Sex of caller
2. Approximate age of caller
3. Accents or speech irregularities

D. Listen for and write down background noises:

1. Silence
2. Other voices
3. Traffic
4. Hollow or empty sounds
5. Does the caller seem familiar with the building
6. Contact Disaster Control Team, who will in turn contact the appropriate authorities

XI. Electrical Outage

1. If electricity goes off, remain calm. The receptionist will report the outage to the Vice President or designee
2. The Vice President or designee will decide whether to contact the utility company
3. The Disaster Control Team will brief the staff to the extent of the failure

XII. Gas Leak

1. If a gas leak is suspected, notify County personnel and Vice President or designee
2. The Coordinator will work with receptionists to notify clients to Evacuate the building (meeting across the street from ACCMH entrances)
3. The Coordinator/designee and/or County personnel will contact the utility company
4. After the utility company gives the all clear, employees may return to the building

XIII. Flood

1. The Emergency Action Plan team members will meet and contact the Corporate Safety Office (Michele Wray)
2. Review all business papers, schedules, phone numbers and staff lists that need to go with each Coordinator
3. Evacuate the building as directed by State and Local authorities
4. Vice President and Coordinators will set up re-location plans

XIV. Re-location / Evacuation Plan

- In the event employees are not able to occupy the building during any disaster listed within this plan, the Vice President or designee will contact administrators at the C.R. School District, St. Luke's Hospital or a Realtor from the Abbe, Inc. Board for Director's to locate temporary space to operate day to day business.

Attachment 4

Patient Health Questionnaire (PHQ-9)

Name: _____

Date of

Birth _____

Over the last 2 weeks, how often have you been

Bothered by any of the following problems? Circle the number to indicate your answer	Not at all	Several Days	More than half the days	Nearly every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other?	Not Difficult at all	Somewhat difficult	Very difficult	Extremely Difficult

MEDICATION REVIEW NOTE – Evaluation

DATE:

Note: This form to be completed by Medical Support Staff/Prescribers

NAME:

CLIENT ID:

CHIEF COMPLAINT:

CURRENT MEDICATIONS:

[illegible]

MEDICAL CONDITIONS:

1.	2.	3.
4.	5.	6.

If on an ANTI-PSYCHOTIC Medication – has a screening been completed for Diabetes? YES NO

Medication Allergies/Reaction:

Height	ft
	in
See other side to complete appropriate BMI	
Weight	lbs
	oz

See other side to complete appropriate BMI Plan

Blood Pressure	mmHG Systolic
	mmHG Diastolic
Heart Rate	/min
Respiratory Rate	/min

☐ Pregnant ☐ Lactating/Nursing ☐ Fathering a Child

☐ Review of Records ☐ Review of Systems / Past Family / Social History *(attached)*
☐ Review of Labs ☐ Client Involved with IHH Program

COMMENTS TO PRESCRIBER:

Refill Date:

BODY MASS INDEX (BMI):

18-64 – is the BMI equal to or greater than 25? ☐ Yes ☐ No

PRESCRIBER COMPLETES THIS SECTION (if yes, list the follow-up plan for BMI Management)

Counseling provided for: ☐ Physical Activity ☐ Nutrition ☐ Referral/Other

65 and older – is the BMI less than 22 or greater than 30? ☐ Yes ☐ No

PRESCRIBER COMPLETES THIS SECTION (if yes, list the follow-up plan for BMI Management)

Counseling provided for: ☐ Exercise ☐ Nutrition ☐ Referral/Other

SMOKING CESSATION:**Smoking Status**

☐ Current Every Day Smoker* ☐ Current Someday Smoker* ☐ Former Smoker*
☐ Smoker, Current Status Unknown ☐ Unknown if Ever Smoked ☐ Heavy Tobacco Smoker
☐ Light Tobacco Smoker ☐ Never Smoked

For Current/Former Smokers: How Many Years Did You Smoke? _____ Years

Do you use tobacco? ☐ Yes ☐ No

PRESCRIBER COMPLETES THIS SECTION INTERVENTIONS PROVIDED:

Did you provide advice to quit smoking/tobacco use? ☐ Yes ☐ No ☐ N/A

Did you discuss cessation medication/methods? ☐ Yes ☐ No ☐ N/A

Did you discuss cessation strategies? ☐ Yes ☐ No ☐ N/A

Alcohol Use Pattern:

C = Have you ever felt you should cut down on your drinking? _____ yes _____ no

A = Have people annoyed you by criticizing your drinking? _____ yes _____ no

G = Have you ever felt bad about your drinking? _____ yes _____ no

E = Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener?) _____ yes _____ no

Interventions Provided:

____ Counseling ____ Education ____ Referral to: _____

Additional Comments:



June 6, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

The Cedar Rapids Community School District (CRCSD) is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a *Certified Community Behavioral Health Clinic*. The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs.

Cedar Rapids Community Schools have worked collaboratively with the Abbe Center over the past 15 years on the provision of school-based mental health services. Our organizational partnership enhances learning supports through the provision of preventative and intervention services to children at risk. With increasing concern regarding behavior issues and their impact on student success, the district looks to the expertise of community service providers to assist in assessment and coordination of care for students and families. This opportunity would provide significant value to the CRCSD, which would plan to continue working with Abbe Center collaboratively as they provide comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see that service model available in our Linn County community. The Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. The Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners, such as the CRCSD.

Thank you for your consideration of the Abbe Center's application.

Sincerely,

Stephanie Neff, MS, CHES
Health and Wellness Supervisor

Office of Learning and Leadership
Educational Leadership & Support Center
2500 Edgewood Rd NW, Cedar Rapids, IA 52405
319/558-2259



Foundation 2

A United Way Partner Agency

www.foundation2.org

Attachment #5 (cont.)

June 2, 2016

Suzanne Fross

Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

Foundation 2 is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "**Certified Community Behavioral Health Clinic**". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as Foundation 2 Crisis Services.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. Foundation 2 is supportive of Abbe Center's efforts to apply to be part of the two year demonstration project and are interested in becoming a **Designated Community Organization** as a partner with them in the provision of Mobile Crisis Outreach Services. Foundation 2 is excited about the opportunity to be part of this comprehensive service model and to have it available in our Linn County community.

Foundation 2 and Abbe Center have worked collaboratively on several projects over the years. We currently are working together to provide coordination between Foundation 2's Crisis Line and Abbe Center's Peer operated Warm Line. Foundation 2 has provided specialized ASIST suicide intervention training to Abbe staff and the two agencies work collaborative to complement the services provided by each. Abbe Center staff have been good partners in ensuring that our mutual clients are provided the resources they need, including mental health, substance use, crisis and medical services. Given the opportunity, Foundation 2 would plan to continue working with Abbe Center in providing comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

Sincerely,

Emily J. Blomme
Executive Director



June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

Area Substance Abuse Council (ASAC) is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as ASAC.

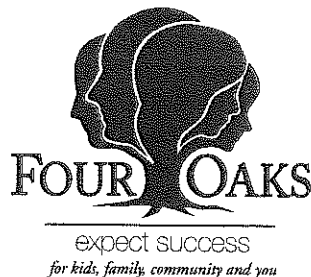
By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. ASAC is supportive of Abbe's efforts to apply to be part of the two year demonstration project and are interested in becoming a **Designated Community Organization** as a partner with them in the provision of Substance Use Case Management, Peer Recovery Coaching, Outpatient Substance Abuse treatment (Level 2 Withdrawal Management) and MAT services. ASAC is excited about the opportunity to be part of this comprehensive service model and to have it available in our Linn County community.

Area Substance Abuse Council and Abbe Center have worked collaboratively on several projects over the years. We are currently collaborating on providing comprehensive services within a specialized program for women and children. The Heart of Iowa program provides treatment for women recovering from substance use in a setting that allows their children to remain with them, and to receive the treatment and supports they also need in the family's recovery. Abbe Center currently has staff on-site that provide the Psychiatric and Therapy services. Abbe Center staff have been good partners in ensuring that our mutual clients are provided the resources they need, including mental health, substance use and medical services. Given the opportunity, ASAC would plan to continue working with Abbe Center in providing comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Gay", written over a horizontal line.

Barbara Gay
Executive Director
bgay@asac.us
319-390-4611



June 8, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

Four Oaks is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as Four Oaks.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. Four Oaks is supportive of Abbe's efforts to apply to be part of the two year demonstration project and are interested in becoming a **Designated Community Organization** as a partner with them in the provision of Pediatric Health Home services. Four Oaks is excited about the opportunity to be part of this comprehensive service model and to have it available in our Linn County community.

Four Oaks and Abbe Center have worked collaboratively on several projects over the years. We currently have a standing MOU (memorandum of understanding) for coordination between the Integrated Health Home services at each of our agencies. In the implementation of IHH in Iowa, staff from both agencies collaborated on providing outreach and educational forums jointly within the community. Other collaborations have included an "Abbe Oaks" site where therapy (provided by Abbe) and BHIS (provided by Four Oaks) services could be co-located. Abbe Center has also provided on-site Psychiatric and Psychological services within Four Oaks service sites. Abbe Center staff have been good partners in ensuring that our mutual clients are provided the resources they need, including mental health, substance use and medical services. Given the opportunity, Four Oaks would plan to continue working with Abbe Center in providing comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

Sincerely,

Anne Gruenewald
President & CEO



5400 Kirkwood Blvd SW
Cedar Rapids, IA
52404
319-364-0259
Fax: 866-290-5565

Penn Center, Inc.
2237 245th Street
Delhi, IA 52223
Phone (563)922-2881 --- Fax (563)922-2003

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,


Penn Center is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "**Certified Community Behavioral Health Clinic**". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as Penn Center.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. Penn Center is supportive of Abbe Center's efforts to apply to be part of the two year demonstration project and are interested in becoming a **Designated Community Organization** as a partner with them in the provision of Community Based Crisis Stabilization services. Penn Center is excited about the opportunity to be part of this comprehensive service model and to have it available in our Linn County community.

Penn Center and Abbe Center have worked collaboratively on several projects over the years. We currently are working together on a co-location project in which Abbe Center provides Psychiatric and Therapy services on-site within 2 Residential settings. Abbe Mental Health Center also has collaborated on the Penn Center's provision of Crisis Stabilization beds and has been an active referral source for individuals living within the Linn County area.

Abbe Center staff have been good partners in ensuring that our mutual clients are provided the resources they need, including mental health, substance use, crisis and medical services. Given the opportunity, Penn Center would plan to continue working with Abbe Center in providing comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

Sincerely,


Dan Strellner
President



317 7th Avenue SE Suite 302B
Cedar Rapids, IA 52401-2009
Phone: 319.398.3644
Fax: 319.286.1967
www.aging-services-ia.org

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

Aging Services is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as the Aging Services.

Aging Services staff have worked collaboratively with the Abbe Center on several projects over the years. Most recently both of our agencies were part of a pilot community project aimed at improving the overall health within one of the Subsidized Housing sites in Linn County that offers housing to seniors and individuals with disabilities. Our overall goal was to reduce the number of Emergency Room visits by Residents, and to decrease the number of Police calls to the building. Abbe Center staff proved to be good partners in ensuring that our mutual clients were provided the resources needed to pursue overall health and wellness, by receiving the mental health, substance use and medical services that they need. Given the opportunity, Aging Services would plan to continue working with Abbe Center collaboratively as they provide comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see that service model available in our Linn County community.

Sincerely,

Kathy Horan
Vice President/Executive Director

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

The Affordable Housing Network, Inc. (AHNI) is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see that service model available in our Linn County community. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as the Affordable Housing Network.

AHNI staff have worked collaboratively with the Abbe Center on several projects. Recently both of our agencies were part of a pilot community project aimed at improving the overall health within one of the Subsidized Housing sites that is under AHN management. Our overall goal was to reduce the number of Emergency Room visits by Residents, and to decrease the number of Police calls to the building. Abbe Center staff have been good partners in ensuring that our mutual clients are provided the resources needed to make life changing choices, and to receive the mental health, substance use and medical services that they need. Given the opportunity, Affordable Housing Network, Inc. would plan to continue working with Abbe Center collaboratively as they provide comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.



Kim Gordon
Property Manager
Affordable Housing Network, Inc.
kgordon@fouroaks.org
affordablehousingnetwork.org

WAYPOINT

Services for women, children, and families

June 6, 2016

Suzanne Fross

Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th floor
1305 E. Walnut St.
Des Moines, IA 50319

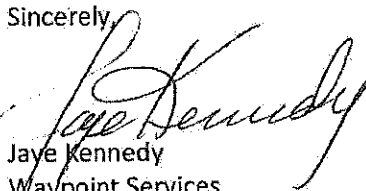
Dear Ms. Fross,

Waypoint Services is pleased to offer this letter of support for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most in need citizens in our community in dealing with crisis and behavioral health needs.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see this service model available in our Linn County community. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as Waypoint Services.

The Waypoint Services staff have worked collaboratively with the Abbe Center in providing care and treatment for individuals experiencing homelessness. The PATH Homeless Outreach staff have been quality partners in ensuring that our mutual clients are provided the resources needed to receive the mental health, substance use and medical services that they need. Given the opportunity, Waypoint would plan to continue working with Abbe Center collaboratively as they provide comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

Sincerely,


Jaye Kennedy
Waypoint Services
Chief Executive Officer

3.2.5 Information to Include Behind Tab 5: Bidder's Background.

The bidder shall provide the information set forth in this section regarding its experience and background.

3.2.5.1 Experience.

The bidder shall provide the following information regarding the organization's experience:

3.2.5.1.1 Level of technical experience in providing the types of mental health services sought by the RFP.

Abbe Center has the vast majority of both the clinical and the technical expertise to provide the types of services sought by this RFP. Some specific clinical services will be accomplished through DCO contracting, of which Abbe Center has many years of experience in collaborative and contracting relationships. Abbe Center has been providing services to individuals and families with serious mental illness and serious emotional disturbance for more than 66 years. Over the years Abbe Center has expanded its array of community based services to include ACT, home based nursing, home based habilitation as well as supports to families in order to meet the growing needs of individuals with serious mental illness to live, work and recreate in the communities of their choice.

In anticipation of this RFP, Abbe Center has been using a portion of it's CMH Block Grant funding to prepare for changes in work flows, under a "System's Change" Deliverable in the scope of work.

3.2.5.1.2 Level of technical experience in providing the types of substance use disorder services sought by the RFP.

Abbe Center has embraced the co-occurring/multi-occurring nature of illness and the whole-health philosophy in its approach to treatment. Abbe Center has 5 staff currently CADAC certified. The assessment process for any individual seeking services includes a substance use assessment. Abbe Center is in the process of applying for licensure with IDPH as a Substance Use Treatment agency to provide Assessment and Treatment services. Abbe Center does not currently provide MAT services but will pursue that service directly should it be selected as a CCBHC. Other substance use services will be accomplished through DCO contracting. By developing a comprehensive assessment approach and working collaboratively with area providers we are making strides in population health management and improving overall health outcomes.

3.2.5.1.3 Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

Abbe Center has a long history of providing services through RFP processes at the local, state and federal levels. In the most recent 24 months Abbe Center has submitted and been awarded the

- Project for Assistance in Transition from Homelessness (PATH – MHDS 16-002) to provide homeless outreach services for persons with mental illness.
- School Based Mental Health Services awarded by United Way to be delivered in the Cedar Rapids Community School District. This contract is to provide mental health assessments on site at 4 designated schools for students identified through the Learning Supports Team.

Recommendations, referrals and follow up to monitor progress are primary components of this contract.

- Cedar Rapids Community School District – Truman Elementary Mental Health Specialist. This contract is to provide consultation to school personnel working in the behavior disorder classrooms and assessments for students and families as needed.
- CMH Block Grant through MHDS – 11-052. There are 5 deliverables in this contract, including staff training in EBPs and implementation of service system change.
- IHH Health Promotion Grant through Magellan as a Community Reinvestment Project. Purpose was to provide health education and promotion to individuals with a Serious Mental Illness.
- Linn County Children’s Wrap-Around Services – purpose is for treatment services for children with a serious emotional disturbance prior to them accessing Medicaid.
- Sixth Judicial District Department of Corrections – grant to complete Psychiatric Evaluations for individuals involved in Drug Court.

3.2.5.1.4 Description of all contracts and projects currently undertaken by the bidder. Descriptions of similar services (above) do not need to be repeated again in this section.

Description of these projects are listed above. The Magellan contract has completed. All other contracts are current.

3.2.5.1.5 Letters of reference from three (3) of the bidder’s previous clients knowledgeable of the bidder’s performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the State, or who have been employed by the State in the past 5 years, are not eligible to be references.

Leslie Wright
United Way
319-398-5372
Leslie.Wright@uweci.org

Joe Locke
Eastern Iowa Health Center
319-730-7300
jlock@eihc.co

Kent Jackson
Unity Point St Lukes
319-369-7190
Kent.Jackson@unitypoint.org

Please refer to **Attachment #6** for Letters of Reference.

3.2.5.1.6 Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

Abbe Center proposes to use subcontractors (DCOs) for certain services in this RFP. Abbe Center has not traditionally subcontracted work to other providers. Our most relevant experience was during the management of our FEMA grant during the Floods of 2008 when we provided joint oversight and supervision of shared staff at the Flood Recovery Center.

3.2.5.1.7 Documentation of accreditation, licensure and non-profit status as required by the Bidder Eligibility Requirements of this RFP (see RFP Bidder Eligibility Requirements Section). The Bidder shall identify any pending accreditation or licensure applications.

Abbe Center is accredited by the Iowa Department of Human Services Chapter 24 as a Community Mental Health Center. Services accredited include: Outpatient, Emergency, Day Treatment, Evaluation, Supported Community Living, and Intensive Psychiatric Rehabilitation. Accreditation certificate is **Attachment #7**.

Abbe Center is in the process of applying for licensure with the Iowa Department of Public Health as a Substance Abuse Treatment Provider.

Abbe Center is a non profit 501(C)(3). Please see **Attachment #8**.

3.2.5.2 Personnel.

The bidder shall provide the following information regarding personnel:

3.2.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables:

- **One showing overall operations**
 - **Attachment #9** is the Table of Organization for the overall Abbe Center operations.
- **One showing staff who will provide services under the RFP**
 - **Attachment #10** is the Table of Organization for the staff that will provide services under this RFP

3.2.5.2.2 Names and Credentials of Key Corporate Personnel.

- **Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.**

Abbe Center for Community Mental Health is a non-profit organization. The Executive Director is responsible for the overall daily functions of the agency and the programs operated by the agency. The Executive Director is directly involved in the CCBHC through the writing of this RFP and if awarded, through the management and oversight of the implementation of the CCBHC. Additional management staff in the organization will be responsible for specific components of the CCBHC implementation including clinical programs, data and electronic health record management, billing and quality assurance.

Executive Personnel include:

Executive Director – Kathy Johnson, LMSW, CADC

- The ED will have oversight and monitoring responsibilities

Associate Ex. Director, Outpatient Services Director – Kathy Koehn, LMSW, RN

- The Assoc ED will be responsible for supervising clinical staff including Outpatient Therapy and Psychiatry

Associate Ex. Director, IHH Director – Kristine Karminski, LMSW

- This Assoc ED will be responsible for the quality improvement activities and the provision of IHH services

Community Based Services Director – Theresa Graham Mineart, T-LMHC, CADC

- This staff member will be responsible for the implementation of substance use treatment protocols across CCBHC services

Information Management Director – Dan Austin

- This staff member will be responsible for the technology and data management

Billing Services Director – Robin Flaughner

- This staff member will be responsible for the billing and payments

- **Include names of the current board of directors, or names of all partners, as applicable. The table of organization should designate if board members identify as individuals with lived experience of mental illness, individuals who identify as being in recovery, consumers of behavioral health services, or family members of individuals in any of these categories. The table of organization shall identify the percentage of board members who identify as family members of Individuals served by the CCBHC, Individuals receiving services through the CCBHC, and individuals in recovery from behavioral health conditions.**

Attachment #11 is the Board of Directors of Abbe Center for Community Mental Health. Board members have self-identified as either an individual who is or have received a behavioral health services or is a family member of an individual in services or in recovery. Board members have asked to remain anonymous from public identification. The percentage of board members who meet this combined criteria is 42%.

- **Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein. Resumes shall not include social security numbers**

Attachment #12 includes the resumes of key corporate, administrative and supervisory personnel who will be involved in providing services through this RFP.

- Kathy Johnson – Executive Director
- Ali Safdar – Medical Director, MAT Provider
- Kathy Koehn – Supervising Outpatient Clinical Services
- Kristine Karminski – Quality Improvement
- Megan Vranish – Supervising IHH services
- Theresa Mineart – Supervising Substance Use Services
- Abbey Ferenzi – Supervising PACT Services
- Cheryl Schatzle – Supervising IPR Services

3.2.5.2.3 Information About Project Manager and Key Project Personnel.

- **Include names and credentials for the project manager and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the bidder is selected as the successful bidder. Resumes should not include social security numbers.**

In addition to the personnel listed above, the following staff would have a key role in the CCBHC services:

- Project Manager – This would be a NEW position. Efforts will be made to hire an individual with experience in Project Management, Community Collaborations, and a strong clinical background in behavioral health services (LISW and CADC preferred). This individual would dedicate 100% of their time to the CCBHC services.
- Resumes for other Key staff members providing CCBHC services are included as indicated above in Attachment #12. The % of time on CCBHC services are as follows: (listed here rather than on resumes)
 - Kathy Johnson – Executive Director – 80%
 - Kathy Koehn – Supervising Outpatient Clinical Services – 100%
 - Kristine Karminski – Quality Improvement/IHH – 100%
 - Megan Vranish – Supervising IHH services – 100%
 - Theresa Mineart – Supervising Substance Use Services - 80%
 - Abbey Ferenzi – Supervising PACT Services – 100%
 - Cheryl Schatzle – Supervising IPR Services – 80%
 - Ali Safdar – Medical Director, MAT Provider – 100%
- **Include the project manager's experience managing subcontractor staff if the bidder proposes to use subcontractors.**
 - Project Manager will be a NEW position at Abbe Center. We will seek Candidates that have experience in managing subcontractors.
- **Include the percentage of time the project manager and key project personnel will devote to this project on a monthly basis.**
 - The Project Manager would devote 100% of their time to the CCBHC services. Please refer to previous section to see the percentage of time devoted to CCBHC service provision by key personnel.

3.2.5.3 Financial Statements.

The bidder shall submit single audits for the last three (3) years. If not available, the bidder shall submit audited financial statements from independent auditors. Entities not required to have audited financial statements may submit CPA-prepared unaudited financial statements.

Financial audits for the past 3 years are included in a separate binder labeled "Financial Statements".

3.2.5.4 Termination, Litigation, and Investigation.

Bid Proposals must indicate whether any of the following conditions have been applicable to the bidder, or a holding company, parent company, subsidiary, or intermediary company of the bidder during the past five (5) years. If any of the following conditions are applicable, then the bidder shall state the details of the occurrence. If none of these conditions is applicable to the bidder, the bidder shall so indicate.

List any contract for services that the bidder has had that was terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions.

Abbe Center has NOT had any contracts that been terminated for convenience, non-performance, non-allocation of funds, or any other reason prior to the completion of all obligations under the contract provisions.

List any occurrences where the bidder has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party's name, address, and telephone number.

Abbe Center has NOT been subject to default or has received notice of default or failure to perform on a contract.

List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the bidder with the details of the occurrence.

Abbe Center has NOT incurred damages, penalties, disincentives, payments withheld, or anything of value traded or given up under an existing or past contract as it relates to services performed that are similar to the services contemplated by this RFP.

List and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP.

Abbe Center has NO pending or threatened litigation, administrative or regulatory proceedings, or similar matter related to the subject matter of the services sought in this RFP.

List any irregularities that have been discovered in any of the accounts maintained by the bidder on behalf of others. Describe the circumstances of irregularities or variances and detail how the issues were resolved.

Abbe Center has NOT had any irregularities in any of the accounts maintained on behalf of others.

List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

Abbe Center has not had any owners, officers, primary partners, staff providing services or any owner, officers, primary partners or staff providing services of any subcontractor who may be involved in providing the services sought in this RFP, who have ever had a founded child or dependent adult abuse report, or been convicted of a felony. In the development of DCO Agreements, the Abbe Center will ensure that any staff in the DCO providing CCBHC services do not have a record of child abuse, dependent adult abuse or felony conviction.

Note: Failure to disclose information about the matters in this section may result in rejection of the Bid Proposal or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a Bid Proposal, and with respect to the successful bidder after the execution of a contract, shall be disclosed in a timely manner in a

written statement to the Agency. For purposes of this subsection, timely means within thirty (30) days from the date of conviction, regardless of appeal rights.

Abbe Center understands the on-going disclosure requirements, and agree to disclose in a timely manner (within 30 days of a conviction) is such matters commence after the submission of the Bid Proposal or after the execution of a contract. Disclosure would be as a written statement to the agency.

**ATTACHMENTS 6-12 ARE SAVED UNDER FILE NAME –
“TAB 5 ATTACHMENTS 6-12 ABBE CENTER”**



June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

The United Way of East Central Iowa is pleased to offer this **Letter of Reference** for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as the United Way.

The United Way of East Central Iowa and the Abbe Center have worked collaboratively on several projects over the years. Most recently, the Abbe Center was selected to receive UW funds for School Based Mental Health Services. The outcome to be achieved by these services include reducing crisis and trauma, and increasing social connectedness that results in improved functioning and builds resiliency for children attending 4 selected schools within the Cedar Rapids Community School District.

Abbe has been an important collaborative partner with United Way and other providers in developing and pursuing best practice approaches that meet the needs in our community. Abbe staff consistently conducted themselves in an ethical and professional manner. As part of this collaboration, we have met on an on-going basis with a committee of stakeholders to assess the current condition, evaluate the success of existing practices and set shared goals to improve the well-being of children in the district. Emphasis has been on Abbe staff providing consultation with school staff to promote a responsive school environment. Abbe has been an active partner in these committee meetings. As a UW partner, Abbe has proven to be reliable in working on the approved Scope of Work, has kept appropriate records and documentation, and has completed reports on a timely basis.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see that service model available in our Linn County community.

Sincerely,

A handwritten signature in cursive script that reads 'Leslie Wright'.

Vice President, Community Building



Attachment #6 (cont)

June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

The Eastern Iowa Health Center (EIHC) is pleased to offer this **Letter of Reference** for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic." The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as the Eastern Iowa Health Center.

The Eastern Iowa Health Center and the Abbe Center have worked collaboratively on several projects over the years. Most recently, the Abbe Center and EIHC worked very closely on a co-location project that allowed for primary care services to be available on-site within the Mental Health Center. Abbe Center also provided on-site Therapy services within our Primary Care Office. These collaborations have allowed both of our agencies to grow in our understanding of the importance of truly Integrated Care.

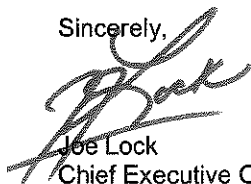
In working with Abbe, we experienced a collaborative spirit, with a genuine focus on pursuing best practice approaches in meeting the needs in our community. Staff conducted themselves in an ethical and professional manner. We were able to establish a "Care Compact" that outlined workflows between our two agencies for improved coordination of care. As part of the initial IHH grant under Magellan, Abbe purchased some of our Primary Care Practitioner's time. Documentation and records kept were accurate, and payments were made on time.

Abbe Center staff have been stalwart partners in ensuring that our mutual clients are provided the resources to receive the mental health, substance use and medical services that they need. Given the opportunity, EIHC would plan to continue working with Abbe Center collaboratively as they provide comprehensive care coordination and behavioral health services as a Certified Community Behavioral Health Clinic.

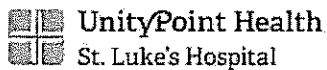
By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two-year demonstration project, and we are eager to see that service model available in our Linn County community.

If you have questions or would like to discuss this further, please contact me personally at (319) 730-7326 or via email at JLock@EIHC.co.

Sincerely,



Joe Lock
Chief Executive Officer



June 2, 2016

Suzanne Fross
Iowa Department of Human Services
Division of Mental Health and Disability Services
Hoover State Office Building, 5th Floor
1305 E. Walnut St.
Des Moines, IA 50319

Dear Ms. Fross,

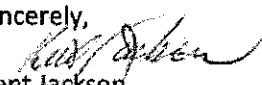
Unity Point St. Lukes is pleased to offer this **Letter of Reference** for the Abbe Center for Community Mental Health on their proposed application to be selected as a "Certified Community Behavioral Health Clinic". The Abbe Center provides high quality, comprehensive services to assist the most vulnerable citizens in our community in dealing with crisis and behavioral health needs. Abbe Center has a long history of implementing best practice models of care and has continually sought out opportunities to strengthen the continuum of behavioral health services available. Abbe Center has established numerous collaborative relationships and has demonstrated a strong commitment to working with area partners such as Unity Point St Lukes.

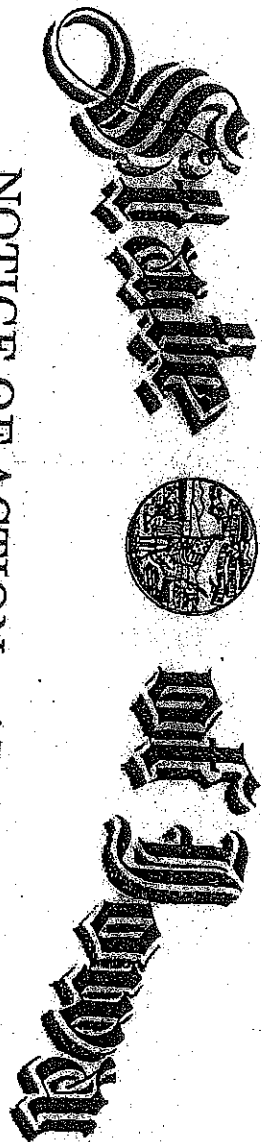
Unity Point St Lukes and the Abbe Center have worked collaboratively on several projects over several decades. . For example, one of those projects is referred to as "Connection Support". This project is intended to better "connect" inpatient and outpatient care through intensive transition of care activities. An Abbe staff member goes on to the inpatient units to meet and establish rapport with patients prior to discharge, and to coordinate the discharge plan with hospital staff. Abbe staff then tracks the individual for 60 days post hospital to ensure that the patient's discharge plan is implemented. This may include going with them to the pharmacy to pick up meds, coordination with transportation to get them to the first outpatient follow up appointment, and providing support during those high risk weeks after a hospitalization. This is one of many collaborative projects Unity Point St Lukes has worked on with Abbe Center.

In working with Abbe, the Unity Point St Lukes staff have experienced a collaborative spirit, with a genuine focus on pursuing best practice approaches in meeting the needs in our community. We work closely with other agencies and I believe that we have very trusting relationships that are not that common. Staff have consistently conducted themselves in an ethical and professional manner. Abbe Center staff have followed through on the activities they have agreed to provide and are consistently looking for ways to strengthen our collaboration.

By establishing Certified Community Behavioral Health Clinics, Iowa has an opportunity to improve community behavioral health services. We are supportive of Abbe's efforts to apply to be part of the two year demonstration project and are eager to see that service model available in our Linn County community.

Sincerely,


Kent Jackson
Administrative Director Behavioral Health Services
Unity Point St. Lukes
319-369-8356



NOTICE OF ACTION – APPROVAL

Iowa Department of Human Services

CERTIFICATE OF ACCREDITATION

Accreditation is granted to:

Abbe Center for Community Mental Health

Type of organization:

Community Mental Health Center

For the following services:

Intensive Outpatient/Day Treatment

Outpatient Psychotherapy/Counseling

*Psychiatric Rehabilitation Services
Evaluation*

Supported Community Living

Type of accreditation:

3 Years

Date of accreditation: 7/1/15

Date of expiration: 6/30/18

470-3006 (Rev. 12/06)

[Signature]
Division of Mental Health and Disability Services

Date May, 2015

Internal Revenue Service

Department of the Treasury

District
Director

RECEIVED

Person to Contact: EO:TPA

ABBE CENTER FOR COMMUNITY
MENTAL HEALTH INC
520 11TH ST NW
CEDAR RAPIDS IA 52405-3811Telephone Number: 1-800-829-1040
312-435-1040

Refer Reply to: 92-2159

Date: June 8, 1992

RE: EXEMPT STATUS
EIN: 42-1045257

This is in response to the letter, dated April 3, 1992, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in July, 1976, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(iii) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

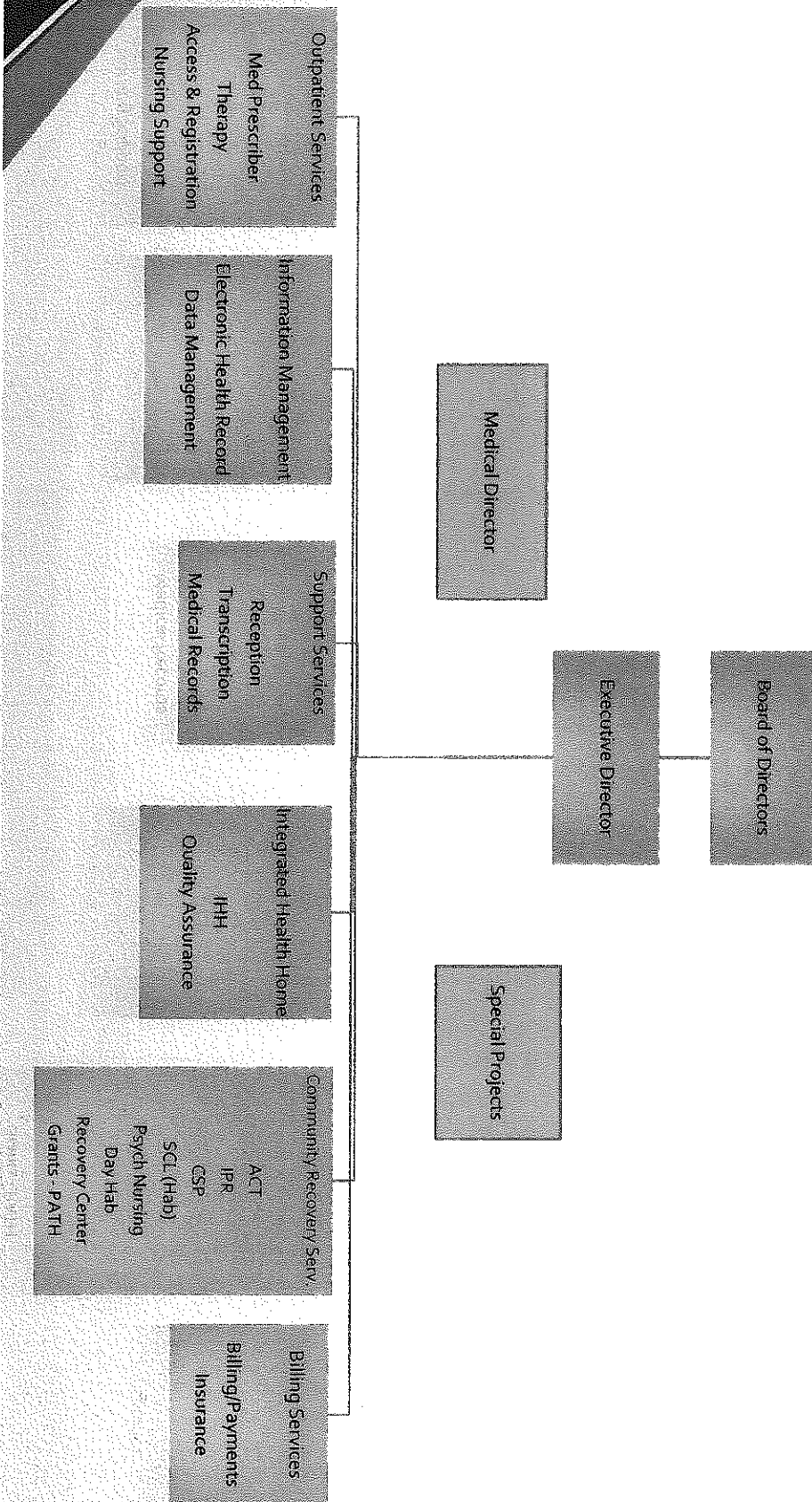
If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

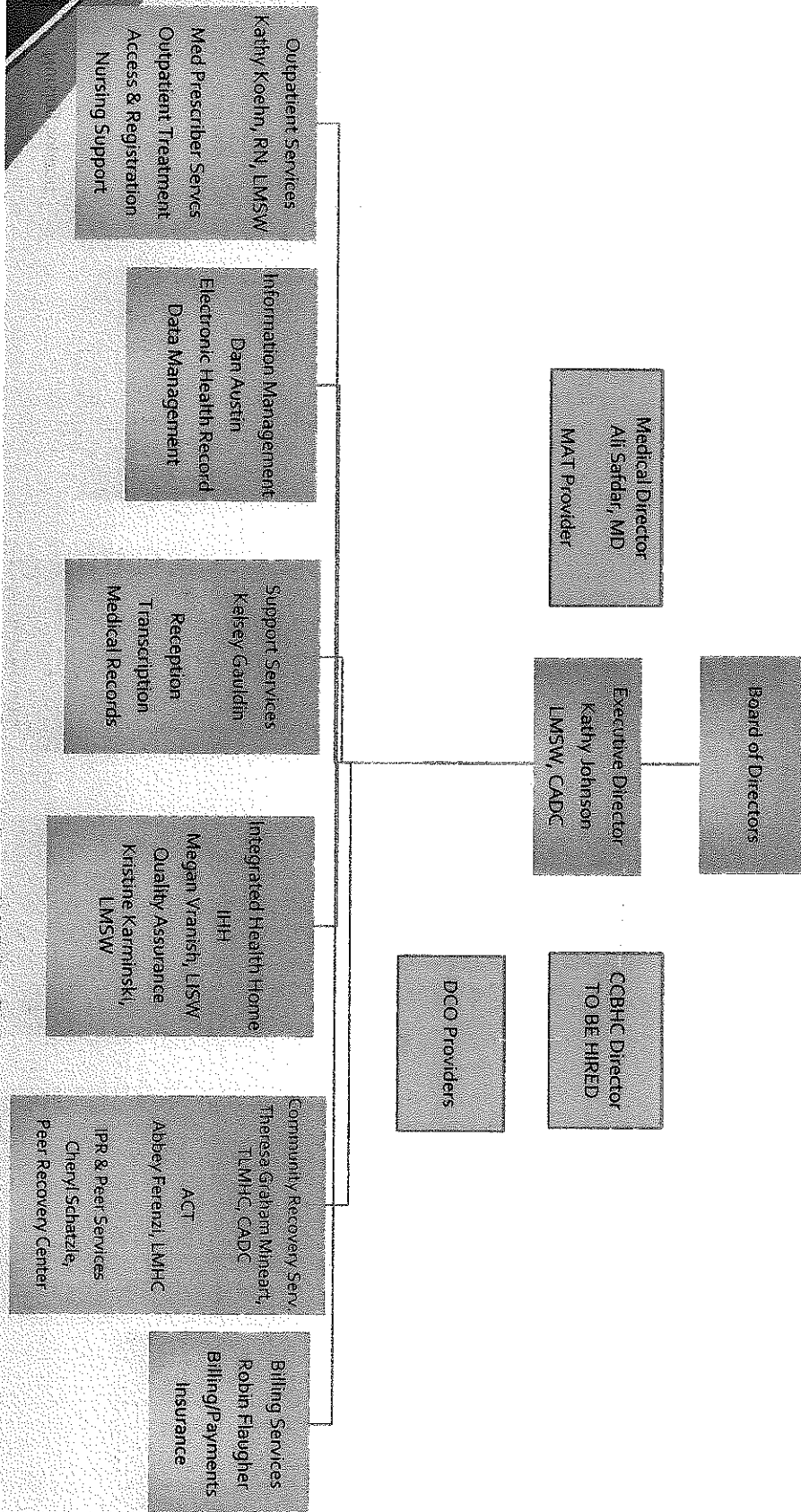
Sincerely yours,

R. S. Wintrode, Jr.
District Director

Abbe Center for Community Mental Health



Abbe Center for Community Mental Health



ABBE CENTER FOR COMMUNITY MENTAL HEALTH

Board of Directors

MEMBER NAME

Barb Matias

Ron Buch

Mary Bess Chester

Don Frese

Marlene Hill

Linda Kirsch

Rhoda Shephard

Ned Rohwedder

Trish Ellison

Mike Bringolf

Larry Maiers

Herb Musser

Stakeholders Represented: 5/12 (42%) represent individuals with a lived experience with mental illness or substance use disorder, or are a family member of an individual with mental illness or substance use disorder

Kathryn A Johnson

Contact Information:

3040 Circle Hill Ct NE
Cedar Rapids, IA 52402
319-270-1060
mnkjohnson@mchsi.com

Education:

University of Northern Iowa
Cedar Falls, Iowa

May 1984 BA Psychology (High Honors) Major – Psychology
Minor – Sociology

University of Northern Iowa
Cedar Falls, Iowa

May 1992 MA Psychology

License and Certifications:

LMSW November 1996 – present
Certified Alcohol Drug Counselor February 2013 – present

Work Experience:

1987 - present

Abbe Center for Community Mental Health

2015 – present: Executive Director. Duties include the overall fiscal and administrative management of the agency as well as the development of community collaborations, project development and sustainability of services. The Abbe Center currently employs 150+ employees with an annual operating budget of \$10 million and has a comprehensive continuum of service options.

2010 – 2015: Associate Executive Director. Duties include the oversight of clinical and grant services. Responsible for staff training and supervision and the implementation of new services. Worked collaboratively with the management team on the clinical and fiscal management of the agency.

1994 – 2010: Coordinator of CMI Services. Responsible for the implementation of new services and the oversight for the Community Based Recovery Services. These included Assertive Community Services, Community Support, In-Home Psychiatric Nursing, Habilitation services, Supported Housing, Intensive Psychiatric Rehabilitation, Day Treatment, Peer Support and the Wellness Recovery Centers.

1988-1994: Program Coordinator of the Adult Day Treatment Program. Duties included administration, supervision and the direct provision of services in a day treatment program for individuals with serious mental illness.

1987-1988: Social Worker 1 in the Community Support Program/Day Treatment Program. Duties included case coordination for individuals with serious mental illness and the facilitation of group therapy and psychoeducational groups.

- 1986-1987** United Independent School District, Laredo Texas. Worked as a High School teacher responsible for the instruction of students in Psychology and Sociology classes.
- 1985-1986** United Independent School District, Laredo Texas. Worked as a Teacher's Aide, teaching all academic areas in a self-contained special education classroom at the intermediate grade level.

Professional Services

- Current Board Member on MHDS Commission
- Current Board Chair for the Iowa Association of Community Providers
- Current Board Member of the Blairsferry and Midway Housing Boards
- Current Advisory Committee Member for Linn County Home Health/Ryan White
- Current Advisory Committee Member for Unity Point Home Health
- Past Member of the Linn County MHDD Advisory Board
- Past President of the Midwest Area Partial Hospital Association

References available upon request

CURRICULUM VITAE

ALI SAFDAR, M.D.

EDUCATION:

October 1980

Certified in Psychiatry by American Board of Psychiatry and Neurology

August 1977

Licensed by the Iowa State Board of Medical Examiners to practice Medicine and Surgery in the State of Iowa

January 1, 1975 - December 31, 1977

Approved 3 year psychiatric residency at Mental Health Institute

January 1974 - December 1974

Rotating Internship at Memorial Medical Center, Niagara Falls, N.Y. Standard ECFMG Certificate

1972

M.D., Kyber Medical College, University of Peshawar, Pakistan

EMPLOYMENT:

October 1986 - present

Staff Psychiatrist - Abbe Center for Community Mental Health

September 1992 - present

Medical Director - Abbe Center for Community Mental Health

December 1980 - September 1986

Associate Clinical Director, Mental Health Institute, Independence, Iowa

December 1980 - September 1986

Chief of Reynolds Unit, Mental Health Institute, Independence, Iowa

December 1980 - September 1986

Medical Director, Adolescent Unit, Mental Health Institute, Independence, Iowa

July 1978 - December 1980

Medical Director - Alcohol and Drug Abuse Treatment Unit, Mental Health Institute, Independence, Iowa

January 1978 - June 1978

Staff Psychiatrist - Mental Health Institute, Independence, Iowa, Adult Unit

Page 2
Ali Safdar, M.D.

PROFESSIONAL ASSOCIATIONS:

Member, Iowa Psychiatric Society
Member, American Psychiatric Association
Member, Linn County Medical Society
Member, American Medical Association

Kathy Koehn

214 2nd Ave

Atkins, Iowa 52206

HIGHLIGHTS OF QUALIFICATIONS

- Over 30 years experience in Mental Health providing direct clinical services
- Seven years experience managing case-management programs and program development
- Extensive track record reducing mental health costs through case management, assessment and referral
- Specialization in Critical Incident Stress Debriefings
- Successfully trained and educated employees/supervisors in substance abuse, stress management, depression awareness and Diversity Management
- Successfully implemented systems change

PROFESSIONAL EXPERIENCE

LEADERSHIP/SUPERVISION

- Performed direct clinical and administrative supervision to clinical staff, students and volunteers
- Conducted individual, family, and group therapy
- Developed, coordinated, monitored and evaluated mental health programs
- Researched, designed, implemented and wrote policies for programs
- Implemented systems change through the use of Rapid Cycle Change Teams
- Monitored department budgets
- Liaison with community agencies
- Supervised and monitored emergency service interventions
- Participated in the Continuous Quality Improvement Program
- Participate in the Utilization Review Committee

MANAGED CARE

- Performed assessment and referral functions regarding mental health issues for over 9,000 employees and family members
- Provided quality mental health services while reducing mental health costs
- Provided consultation with management concerning employees who experienced behavioral health and alcohol/substance abuse problems
- Developed comprehensive training to market a vast array of services
- Coordinated fitness for duty evaluations and return to work meetings for disabled employees
- Conducted critical incident stress debriefings
- Coordinated with management and employees regarding mandatory referral process and leaves of absence
- Provided brief therapy to employees and family members

CASEMANAGEMENT

- Directed treatment services with community mental health professionals
- Coordinated intensive/inpatient care
- Provided ongoing treatment review and case management oversight at all levels of care
- Conducted assessments of appropriate levels of care

TRAINING/DEVELOPMENT

- Provided education and training to community agencies
- Presented at local, state, regional and national conferences
- Developed and provided training to employees and management
- Certified in Mediation
- Certified in Diversity Management Training

WORK HISTORY

2012 – Present	Associate Executive Director, Outpatient Services Abbe Center for Community Mental Health Cedar Rapids, Iowa
1996 - 2012	Coordinator, Outpatient Services Abbe Center for Community Mental Health Cedar Rapids, Iowa
1985 – 1997	Clinical Manager
1982 – 1985	Nurse Clinician Jefferson Center for Mental Health Lakewood, Colorado
1991	Acting Nurse Manager St. Luke's Hospital Denver, Colorado
1986 – 1991	Consultant Trauma Management Consultants Lakewood, Colorado
1980 – 1981	Nurse Clinician Linn County Mental Health Center Cedar Rapids, Iowa
1976 – 1980	Staff RN St. Luke's Methodist Hospital Cedar Rapids, Iowa

EDUCATION

1989 Master of Science Degree – Human Resource Management
Lesley College
Cambridge, Massachusetts

1979 BSN
Coe College
Cedar Rapids, Iowa

1976 Diploma – RN
St Luke's School of Nursing
Cedar Rapids, Iowa

PROFESSIONAL ORGANIZATIONS

Cedar Rapids CISM Team

Kristine R. Karminski
255 Valleyview Drive
Marion IA 52302
319-431-4892

Attachment #12

Education:

St Ambrose University, Davenport, IA
Master of Social Work
Graduated May 12, 2002
Completed Licensure for LMSW November 22, 2002

Mount Mercy College, Cedar Rapids, IA
Bachelor of Arts in Social Work
Minors in Psychology and Criminal Justice
Graduated May 19, 2001

Experience:

July 2013 – Present

Integrated Health Home (IHH) Director

Abbe Center for Community Mental Health, Cedar Rapids, IA

- Supervise 4 supervisors of the IHH program across 9 counties
- Coordinate and implement integrated health home (IHH) program activities as required by state code for individuals with mental health conditions
- Collaborated with other service providers in the community and internally within the agency
- Developed and monitor quality assurance and improvement activities through the agencies Continuous Quality Improvement committee
- Implement changes to the agency's electronic health record and train agency staff on use of the electronic health record

June 2006-June 2013

Case Management Coordinator

Abbe Center for Community Mental Health, Cedar Rapids, IA

- Supervised and evaluated 14 case managers who were providing case management services to individuals with mental health conditions
- Coordinated and implemented case management program activities as required by state code
- Collaborated with other service providers in the community and internally within the agency
- Developed and monitor quality assurance and improvement activities through the agencies Continuous Quality Improvement committee

Oct 2005-June 2006

Targeted Case Manager

Linn County MHDD, Cedar Rapids, IA

- Assess clients' eligibility for service funding through the Home and Community Based Services Waiver and Adult Rehabilitation Option (Intellectual Disabilities and some co-occurring mental health conditions)
- Complete intake assessments, social histories, annual assessments and quarterly reviews

- Developed Individual Service Plans and Essential Lifestyle Plans with clients and interdisciplinary team
- Refer and Monitor Services for clients
- Coordinate and Communicate with other service providers

July 2002-Oct 2005

Targeted Case Manager

Abbe Center for Community Mental Health, Cedar Rapids, IA

- Complete intake assessments, social histories, annual assessments and quarterly reviews for individuals with mental health conditions.
- Developed Individual Service Plans with clients and interdisciplinary team
- Refer and Monitor Services for clients
- Coordinate and Communicate with other service providers

May 2002-July 2002

Unit Coordinator

REM-Iowa Community Services, Inc., Hiawatha, IA

- Supervised and evaluated five resident counselors
- Coordinated and implemented services and activities for three clients' with mental and physical disabilities
- Collaborated with other service providers regarding clients' treatment or activities

Sept 2001-April 2002

PACT Team Internship

Abbe Center for Community Mental Health, Cedar Rapids, IA

- Primary case manager for four clients and on five clients mini teams
- Collaborated with clients and coworkers on clients' initial treatment plans and six month treatment plans
- Participated in staff clinical rounds and treatment planning
- Provided clients with crisis intervention, crisis planning, one on one counseling and problem solving and discussed daily living skills, stress management, and coping skills.

May 2000-May 2002

Resident Counselor

REM-Iowa Community Services, Inc., Hiawatha, IA

- Assisted physically and mentally disabled clients with activities of daily living and taking medications
- Documented clients' daily activities and goals
- Transported clients to work and other community activities

References Available Upon Request

Megan L. Vranish

1007 Wolf Drive NW, Cedar Rapids, IA 52405

(319)560-2664 mvrnish@abbe.org

Attachment #12

PROFESSIONAL EXPERIENCE

Abbe Center for Community Mental Health, Cedar Rapids, IA

August 2007 - Present

Assistant Director – Integrated Health Home

April 2015 – Present

- Supervise Team Leader
- Hiring, orienting and training staff, managing personnel issues
- Serve as QI Coach for program
- Manage data to improve health outcomes for our clients

Team Leader – Integrated Health Home

May 2013 – April 2015

- Assisted with program development and implementation
- Supervised a staff of 30, including nurses, care coordinators and peer support specialists
- Coordinated quality improvement work and served as quality improvement coach for our program
- Developed data reporting to facilitate meaningful work with our members

Health Coordinator

July 2011 – May 2013

- Implement Integrated Health Home pilot project
- Engage clients in primary care services within the mental health center
- Act as a liaison between primary care provider and mental health providers to provide more holistic, consumer centered care
- Collect statistical data and report to Magellan Health Services

Transitional Living Specialist

August 2007 – July 2011

- Work with adults with chronic and serious mental illness to teach skills which promote independent living in the community.
- Assist with developing crisis plans, medication management, development of interpersonal skills and integration into the community.
- Develop needs assessments and treatment plans and record daily progress notes.

EDUCATION

St. Ambrose University, Davenport, IA

Master of Social Work July 2009 – May 2011

Practicum:

Continuous Quality Improvement

January 2011 – April 2011

Abbe Center for Community Mental Health

Cedar Rapids, IA

- Developed and implemented integrated services between Abbe Center and Linn Community Care.
- Assisted with screening and providing referrals for mental health services to Linn Community Care consumers
- Collaborated with doctors and nurses to ensure consumer's needs were being met
- Audited chart and documentation review as well as biweekly review of quality improvement goals
- Assisted with development and review of policies and procedures

Program for Assertive Community Treatment (PACT)
Abbe Center for Community Mental Health
Cedar Rapids, IA

August 2010 – December 2010

- Worked with adults with serious and persistent mental illness as a member of an interdisciplinary team
- Participated in rounds by providing input on client progress, brainstorming and planning
- Assisted with treatment planning, goal development, crisis management and daily living skills

University of Iowa, Iowa City IA
Baccalaureate in Social Work, 2007

Practicum:

Medical Social Services Intern

May 2007 – July 2007

St. Luke's Hospital, Cedar Rapids, Iowa

- Completed social work rotations on Adult Psychiatric Unit, Women and Children's Center, Medical / Surgical Unit, and Emergency Department.
- Completed psycho-social assessments.
- Coordinated discharge planning.
- Participated in interdisciplinary rounds and patient staffing.
- Assisted consumers in applying for entitlement programs.

SKILLS and TRAININGS

Continuous Quality Improvement Committee Member
Abbe Center for Community Mental Health

January 2011 – Present

Mental Health First Aid Certified

August 2015

Dependent Adult and Child Abuse Mandatory Reporting

March 2015

Quality Improvement Coach
A Health Team Works training

August 2014

Implementation of Peer Support Whole Health Programs for Supervisors
A training for supervisors of Peer Support Specialists

October 2011

Wellness Recovery Action Plan training
Abbe Center for Community Mental Health

March 2011

A training to learn how to assist consumers with creating WRAP plans.

Certified Domestic Abuse Advocate Level I
Domestic Violence Intervention Program, Iowa City IA

June 2006

LICENSURE AND CERTIFICATION

Licensed Independent Social Worker
License Number - 007713

August 2014

Certification for Alcohol and Drug Abuse Counseling (CADAC)
Certification Number - 11039

April 2011

MEMBERSHIPS

National Association of Social Workers

Theta Sigma Chapter of Phi Alpha National Social Work Honor Society

Theresa Graham-Mineart

256 Johnson Ave NW
Cedar Rapids, Iowa 52405
319-310-4646
tmineart@abbehealth.org

Credentials

Licensed Mental Health Counsellor (Temporary), State of Iowa
Certified Alcohol and Drug Counsellor, State of Iowa
MS, Capella University, Mental Health Counselling, 2013
BA, Coe College, Majors: Psychology and Sociology, 1992

Experience

Abbe Center for Community Mental Health, Director Community Based Recovery Services, 1997-current

Co-facilitate Professional Development Activities individual and groups of up to 100 staff in nine county catchment area

Develop/Oversee/Implement services for adults with severe, persistent mental illness including:

Assertive Community Treatment, Illness Management Recovery, Intensive Psychiatric Rehabilitation, NAVIGATE (Treatment for First Episode Psychosis), Permanent Supportive Housing, Psychiatric Nursing, Supported Community Living, Variety of Recovery and/or Treatment Oriented Group Modalities

Provide Jail Based Mental Health and Substance Abuse Assessments

Serve as Change Agent to create person centered policies, procedures and practices

Department of Corrections, Sixth Judicial District of Iowa, (Part Time) Pre Trial Interviewer, 2000-2011

ManorCare Health Services, Director Dementia Care and Social Services, 1994-1997

Hillcrest House, Residential Counselor, 1992-1997

St. Luke's Hospital, Inpatient Ward Secretary/Psychiatric Technician, 1992-1996

Professional Activities: Current

Affordable Housing Network Board Chair
Iowa Co-Occurring Recovery Network
Mental Health First Aid Instructor
Psychological First Aid

Applied Suicide Intervention Skills Training
Iowa Therapeutic Alternatives to Incarceration Coalition
Nuisance Abatement Mental Health Subcommittee
Trauma Informed Care Trainer

Professional Activities: Past

Alzheimer's Association Speaker's Bureau
Social Security Administration Approved Payee

Aging Services, Care Review Committee Chair

Abbey Ferenzi, LMHC

2727 Westwood Dr. NW Cedar Rapids, IA 52405

319-775-3909

amferenzi10@hotmail.com

Attachment #12

Objective To utilize clinical and supervisory skills to successfully manage a behavioral health program

<u>Education</u>	Master of Arts	Bachelor of Arts
	Major: Counseling Psychology	Major: Psychology
	Lewis University	Iowa Wesleyan College
	Romeoville, IL	Mt. Pleasant, IA
	December 2007	May 2004

Professional Licensure

2016	Licensed Mental Health Counselor—Iowa
2010	Licensed Professional Clinical Counselor—Illinois
2008	Licensed Professional Counselor—Illinois

Employment History

Abbe Center for Community Mental Health, Cedar Rapids, IA August 2015 - present

Position: Team Leader

August 2015 - present

- Manage PACT (Program for Assertive Community Treatment) program which provides outpatient mental health services to approximately 80 individuals who have mental health disabilities
- Provide clinical direction and supervision to a mental health team consisting of: 3 psychiatric nurses, 2 licensed social workers, 2 substance abuse counselors, 2 mental health professionals and 1 vocational rehabilitation specialist
- Work collaboratively with medical director and physician's assistant to administer clinical assessments, make treatment recommendations and implement medically necessary mental health services
- Collaborate with local hospitals, physicians, Social Security and DHS offices, housing agencies, substance abuse treatment facilities, and social service agencies to provide clients with comprehensive support services.
- Perform agency personnel functions including interviewing job applicants, evaluating job performance, monitoring time and attendance, and provide staff training and development activities
- Oversee quality of programming; conduct internal audits and address customer service concerns
- Provide 24/7 crisis intervention services for clients and on-call consultation for staff

Cornerstone Services, Inc., Joliet, IL January 2008-August 2015

Position: Director of Professional Services

November 2012-August 2015

- Provide professional direction and clinical supervision for 42 staff in the following agency departments: Behavioral Health, Community Services, and Residential Alternatives.
- Provide services for 142 people with developmental disabilities and/or serious and persistent mental illnesses
- Monitor and report upon assigned grants and contracts that impact the programs and services delivered; complete research and collect data to obtain grant funding
- Collaborate with local hospitals, physicians, Social Security and DHS offices, housing agencies, substance abuse treatment facilities, and social service agencies to provide clients with comprehensive support services.
- Oversee utilization management tasks in each department and monitor billing and revenue; manage grants and contracts with the Department of Human Services, Division of Mental Health and the US Department of Housing and Urban Development.
- Administer clinical assessments, oversee treatment planning, and provide medically necessary mental health services: Individual and Group Therapy, Medication Training, Community Support Individual and Group Services, Case Management, Client-Centered Consultation and Crisis Intervention.
- Provide 24/7 crisis intervention services for clients and on-call consultation for staff

Position: Coordinator of Clinical Services

Attachment #12

August 2011- October 2012

- Responsible for on-going staff training and development in the Behavioral Health Department in conjunction with state and federal regulations and accreditation requirements
- Responsible for general clinical oversight and approval of treatment plans and quarterly reviews.
- Collaborated with Director, Coordinators, Nurse, Social Workers, Outpatient Counselors, and consulting psychiatrist to make sure treatment focus is achieved and managed
- Developed and implemented procedures to ensure compliance with state and federal regulations and accreditation requirements
- Provided individual therapy, group therapy, and crisis intervention services

Position: Coordinator of Community Housing

October 2010 – July 2011

- Managed staff and clients under assigned caseloads in the Behavioral Health Community Housing Program
- Coordinated the referral and admission process for the Community Housing Program
- Responsible for assuring staff's compliance with MRO quotas and program needs
- Provided clinical supervision to case managers and caseworkers to ensure quality client care
- Ensured that program operates in accordance with CARF, Rule 132 and DCFS requirements
- Provided individual therapy, group therapy and crisis intervention services

Position: Clinical Services Specialist

May 2009 – October 2010

- Completed mental health assessments and social histories; managed waiting list for residential programs and assist in screening and coordination of intakes/referrals
- Provided clinical supervision to staff members and led team meetings regarding status and progress of clients
- Facilitated staff trainings as assigned
- Provided individual therapy services to clients
- Documented and provided services according to the Commission on the Accreditation of Rehabilitation Facilities (CARF) and Medicaid Reimbursement Option (MRO) standards

Position: Case Manager

January 2008 – May 2009

- Responsible for providing case management services to individuals with mental illness who are participating in the community housing program
- Created individual program plans; tracked progress towards goals
- Provided mental health services as indicated by the individual program plan

Clinical Training

River Valley Detention Center Joliet, IL

Position: Psychology Extern

May 2007- December 2007

- Provided individual and group therapy to youth ages 10 to 17
- Created individualized treatment plans and documented progress
- Completed mental health assessments; provided DSM-IV-TR diagnoses and recommendations

Additional Skills and Achievements

- Proficient in all Microsoft Office applications
- Accomplished and experienced public speaker
- Excellent written and verbal communication skills
- Taught undergraduate General Psychology course at the University of St. Francis in 2012
- Received "40 under 40" leadership award from the Kankakee County Chamber of Commerce in 2014

Cheryl Schatzle

3726 Rogers Road, Cedar Rapids, Iowa 52405

319-389-2151

Cheryl.Schatzle@yahoo.com

Professional Accomplishments:

- Developed the therapeutic recreation program that was utilized by residents on the PMI inpatient unit.
- Coordinated Services for the Adult Day Treatment Program. Developed curriculum to be utilized in the program. Facilitated groups and activities. Provider leadership for the team. Maintained a client caseload and completed documentation to meet Chapter 24 and Medicaid requirements.
- Assisted in the development of our peer run recovery center. Provide training and supervision of peer staff.
- Developed our Peer Support Community based program. Provided supervision and training. Assured documentation requirements were met.
- Participate in the Magellan peer support roundtable meetings
- Participate in the regional planning meetings for crisis services
- Developed our Intensive Psychiatric Rehabilitation Program (IPR). Facilitate IPR Cohorts. Provide training and supervision to IPR staff. Assure that Chapter 24 and Medicaid requirements are met.
- Completed the certification for IPR Train the Trainer.
- Participate in the IPR state roundtable meetings
- Participated on quality assurance committee
- Participated on Chapter 24 state accreditation review team, to review other agencies.
- Participated on the Rapid Cycle Change team.
- Participated in Path Meeting
- Attend Continuum of Care Meeting

Work History:

September 1976- 1978

Linn County Department of Mental Health Psychiatric Unit
County Home Road, Marion, Iowa
Recreation Coordinator

1978-1983

Linn County Department of Mental Health
400 3rd, Ave. S.E. Cedar Rapids, Iowa
Adult Day Treatment Program- Program Assistant

Work History Continued:

1983- present

Abbe Center for Community Mental Health
520 11th Street N. W. Cedar Rapids, Iowa

While employed at the Abbe Center for Community Mental Health I have been involved in several different Program areas which I have listed below:

Adult Day Treatment- Team Leader

Club 520 Wellness Center- Team Leader

Intensive Psychiatric Rehabilitation- Team Leader

Peer Support- Team Leader

Path Project- Project Manager

Education:

Bachelors of Arts - University of Northern Iowa, Cedar Falls, Iowa 1975

Psychosocial Rehabilitation Certificate

Kirkwood Community College Cedar Rapids, Iowa 1999

References available upon Request